MARGIN RESERVED FOR BINDING

A15

			CERTIFICA
1. PLACE OF DEAT Balto			
How long in above place of	death?		JRAL and give nearest town)
Hospital, institution, or str	***************************************		
3. (a) FULL NAME		CLAREN	TES A. ACTON
4. Sex 5	. Color or race	6.(a)Single	, married, widowed, or divorced
male	white		married
6.(b) Name of husband or	wite Myrt	le Leag	ue Acton
O'GO' WALLE OF BRIDGE OF) If alive, give agey
7. Birth date of deceased (mo., day, yr.)			2, 1895
8. AGE: Years	Months	Days	If less than one day
53	6	18	hrsr
10. Usual occupation 11. Industry or business	Sam	eounty, and st er hang uel Bea	er er on
12. Name	Unknown		
14. Maiden name	Unknown		
16. InformantMx	s. Myrtl	e Acton	1
			., Balto. 21,Md
17Buri (Burial, cremation, or Cemetery or crematory.	HO	Date There	8/3/48 (month) (day) (year)
Location	Balto. M		
18. Funeral director	WILLIAM Balto.,		KNER & SONS

Evidence for change of name shown on Film Gl17

name shown on Film	G117 MARYLAND	STATE DEPARTMENT OF	HEALTH
8/23/48 dm.Doctors	Statement.	2411 N. Charles St., Baltimore	470

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

2	0692

Reg. Diat. No.

State Md. Gount	Balto.
Coder Beach	write RURAL and give nearest town)
Street No(If rural, give L	
2.(a) If veteran, name war	
	3. (b) Social Security Number
MEDICAL CE	RTIFICATION
20. DATE OF DEATH July 30,	48 11:55 p
21. I CERTIFY that death occurred on the date above	8 ,10 July 30 1948
Respiratory Ja	eure 24ks.
Due to Tracheal ofst	ruction 1 week
Oue to de la care la como de la care	na of 1 year
(Include pregnancy within 8 mg	onths of death)
Majur findings of uperations	
	Oate of op
Autupsy results	ch death should he charged statistically.
22. VIOLENCE: If death was due to external cause	es, fill in the following;
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	
Injured at home, farm, Industry, public place (whe	re?)
Meens of injury	Injured at work?
23. SIGNATURE Maxwell	Utmend M.D. or other
Address 4,7/2 Zasten	- Que Oate signed 7-3/-48

BINDING

FOR

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Kachauskas)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

Reg. Dist. No....

	2. USUAI, RESIDENCE (HC		4
)	State City or town Deer	County 2 2	27
*******	(If outside city or	own limits, write RURAL and	give nearest town)
9	Streel No.	rural, give LOCATION)	a ung
1	2.(a) If veteran, name war		
		3. (b) Social S	ecurity Number
		51(5) 55000	,
7	MEDI	CAL GERTIFICATION	N
		40	1
	2D. DATE OF DEATH		
Car	CERTIFY that death occurred on	10.14	ded decessed from
years	102e	1904-1	19
>	and that I last saw halive o	Jacy /	/ / 8 19
	Immediate vause of death	0 /	DURATION
	<i></i>		
min.	coarde of p	accord.	10 p
	Due jo	sea-e	A
	c Hyp	zenze	4
	Due to.		
	Hemin	stepra Ry	de 6/2
	Other conditions	0 0	0
7			
1	(Include pregnance	y within 3 months of death)	
	Major findings of operations		
-		Date of o	p
1.	Autopsy resolts		
0	PHYSICIAN: Please underline the	cause to which death should he	charged statistically.
10	22. VIOLENCE: 11 death was due to	external causes, fill in the followin	g;
78	Accident, suicide, or homicide	Date	ol
,	Where did injury occur?(Cits		
4	(Cits	or town) (County)	(State)
Mille	njured at home. farm, Industry, publi	c place (where?)	
	Means of Injury	Injured at wo	rk?
********	0-	1	- 0 %
	23. SIGNATURE	oarmen	o mh
(1)	ZJ. SIGNATURE.	The state of the s	M. D. on other
. m	0	4 1	M. D. or other

RECEIVED

JUL 13 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: countyBaltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For prewhorn infants give residence of mother)		
City or town. Fort. Howard. Maryland. (If outside city or flown limits, write RURAL and give nearest town) How long in above place of death?	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) 1226 W. Ward Street (If rural, give LOCATION)		
How long in hospital or institution?35days	2.(a) If veteran, name war		
3. (a) FULL NAME CHARLES E. BALLARD	3. (b) Social Security N	umber	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Divorced	20. DATE OF DEATH July 16 19 48	at	
6.(b) Name of husband or wife Divorced	21. I CERTIFY that death occurred on the date above stated: that I attended deceased upon the state of the st	ed trom 19.48.	
8. AGE: Years Months Bays If less than one day 53 1 27		o mes.	
9. 8irlhplace. Baltimore. Md. (Town, county, and atate) 10. Usual occupation Plumber. 11. Industry or business 12. Name Charles Ballard	Due to. Due to. Due to. Differ conditions	• mes.	
13. Birthplace Maryland 14. Malden name Josephine Phillips Maryland 15. Birthplace Maryland	(Include pregnancy within 8 months of death) Major fiediogs of operations		
16. Informant Clinical Records, Vets Adm - Hosp	Aotopsy resolts Substantiated above PHYSICIAN: Please underline the cause to which death should be charged at		
Removel (Burial, cremation, or removal, Which?) Cemetery or crematory Arlington National Cometery Arlington, Virginia	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide	(State)	
	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?	4	
18. Funeral director Howard Blight Address 4914 Belair Rd., Paltimore, Md. 19. Augustus L. Faukus (Date ree'd by registrar) (Date ree'd by registrar) Registrar	23. SIGNATURE SCIUILO, M.D. of M. D. of Address VAH. Ft. Howard, Md. Date signed		



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PLEASE WRITE

RESERVED FOR BINDING

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

CERTIFICATE OF DEATH

06931

Reg. Diat. No.

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For powhorn infants give residence of mother)
City or town	State
3. (a) FULL NAME HAMPTON WILLIAM BAXTER	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATHJULY 14
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above etated; that I aftended deceased from December 27 19.47 10 July 14 1948 1948 1948 1948 1948 1948 1948 1
8. AGE: Yeare Months Days If lese than one day	Immediate cause of death DURATION TUBERCUIOSIS, PULMONARY, BILATERAL,
Venchung Tilingis	FAR ADVANCED, ACTIVE Unknown
9. BirthplaceKeensburg, Tllinois.	006 10.
TO. Usual occupation. Deputy Sheriff.	Due to.
11. Industry or businese	
12. Name William Baxter 13. Birthplace Oklahoma	Diher conditions BRONCHOPIEURAL FISTULA Unknown Unknown
	EMPYEMA, TUBERCULOUS Unknown (Include pregnancy within 8 months of death)
14. Malden name Sarah Elizabeth Iditson 15. Birthplace Belmont, Illinois	Major findings of operations
16. Informant Clinical Records, Vet. Adm. Hosp.	Antopsy results
Address Fort Howard, Md. 17. (Burial, cremation, or removal, Which?) Cemelery or crematory (Burial, Company)	22. V10LENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Palting Ind	Injured at home, farm, Industry, public place (where?)
18. Funeral direct form Mayor Sure Address Annako Mayor Sure Address Annako Mayor Ma	23. SIGNATURE N.C. WOYCLE, PROFESSIONATIONS SERV. Address VAH, Fort Howard, Md. Date signed 7/14/48

COAST PRODUCTION

JUL 16 1948
BUREAU V. S

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PLEASE

MARGIN RESERVED FOR BINDING

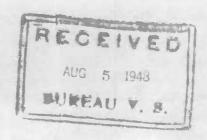
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(16932 Reg. Diat. No. 43

J. PLACE OF 1	DEATH: Baltimo	re		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County	Fullerton	Md	***************************************	State Maryland County Baltimore			
City or town	If outside city or town li	mits, write l	RURAL and give nearest town)	City or town Fullerton, Md. (If outside city or town limits, write RURAL and give neares			
How long in above p	lace of death?	36 y	rears				
Hospital, tostitution	, or street address where	death occurre	d:		Rd.		
				(If rural, give			
	l or Institution?		***************************************	2.(a) if veteran, name war			
3. (a) FULL NA	and the second				3. (b) Social Security Number		
4. Sex	RNST BEHNCKE 5. Color or race		le, married, widowed, or divorced	MEDICAL CE	ERTIFICATION		
male	white		married	20. DATE OF DEATH July 28th,	148 a19:20 A		
	and or wife Marie	II. B	ehncken	21AI CERTIFY that death occurred on the date abo	ve stated; that I attended deceased from		
				Jan 19	40 10 July 28 19 48		
7. Birth date of			(c) if alive, give ageyears	and that I last saw h. Manallve on	2 7 19 48		
deceased (mo., d:	9, 1	12th,		Immediate cause of death			
o. Au.	ears Months	Days	it less than one day	Coronary O. c	clusion /2h		
	69 7	16	hrsmln.				
9. Birthplace	'Germany		atate)	Due to. Cl. myore	editis.		
	(Town,	county, and	atate)				
1D. Usual occupation	10. Usual occupation. Tavern Keeper		Due to Ch. sostata	The second second			
11. Industry or busi	iness			,			
12. Name	Unknown		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Other conditions			
13. Birthplace	Unknown			(Include pregnancy within 3 n			
	me Unknown						
H 14. Maiden na 15. Birthplace	Unknow		44	Major findings of operations			
	Mrs. Ernst l		en	Antopsy results	ish doub should be changed statistically		
Address	7503 Belair	Rd.					
buri	al	Date the	7/31/48 (month) (day) (year)	22. VIOLENCE: tt death was due to external cau			
	al tion, or removal. Which?		(month) (day) (year)	Accident, suicide, or homicide			
Cemetery or cres	natory Parkwic	od		Where did injury occur?(City or town)	(County) (State)		
Location	Ral time		i.	tnjured at home, farm, Industry, public place (wh	nere?)		
	Larah	4.		Means ot injury	Injured at work?		
1B. Funeral directo					5.1		
Address	7401 Bela	ir an	0 0	23. SIGNATURE IS Stard	wy ms		
10 Orala	28 19.48	ma	Q. J. Rulenilin	1 00.	M. D. or other		
(Date rec'd b	registrar)	4-f-kr/v	Registrar	Address 3 Selan	Date signed sely 20/1		



1948

DURATION

3 Lagr

(State)

M. D. or other

WRITE

MARGIN RESERVED FOR BINDING

DI LOE OF DELTH

If Concline MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

A HOUSE DECIDENCE (TIONATE) OF DECEASED

County Baltimore	(For newborn infants give residence of mother)			
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland County			
	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 7 years, 11 months, 21 days				
Hospital, institution, or street address where death occurred:	Street No. 806 North Castle Street			
Spring Grove State Hospital	(If rural, give LOCATION)	/		
How long In hospital or Institution? 7 years, 11 months, 21 days	2.(a) If veleran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
Ahthony Bognanni	0			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	-		
Male White Married		-		
meta mara tod	20. DATE OF DEATH July 9, 1948 19	P M		
6,(b) Name of husband or wife Marie Bognanni	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from			
7. Birth date of	July 30, 1940 19 19 194819			
7. Birth date of	and that I last saw halive onJuly 9, 191819			
deceased (mo., day, yr.) April 25, 1880	Immediate . ause of death Bronchopneumonia DURATIO			
8. AGE: Years Months Days If less than one day	left base 24	hour		
68 2 11hrsmin.				
9. Birthplace	Due to Arteriosclerotic heart disease Indefi			
10. Usual occupation Laborer	Due toGeneralized arteriosclerosis			
11. Industry or business Construction	are in the late of the same of			
	Dther conditions			

	(Include pregnancy within 3 months of death)			
E 14. Maiden name Mary (unknown)	Major findings of operations			
14. Maiden name Mary (unknown) 15. Birthplace Italy	Date of op.			
16. Informant Hospital records	Aotopsy resolts.			
	PHYSICIAN: Please noderline the cause to which death should be charged statistically.			
Address Catonsville, 28, Md.	22. VIOLENCE: if death was due to external causes, fill in the following:			
17 Bureal Date thereof July 13/98	Accident, suicide, or homicide			
(32. 1) exemption of removed Mich? (day) (year)				
Cemetery or crematory Noy Redeever	Whera did injury occur?			
Location Malton al Chig	fnjured at home, farm, industry, public place (where?)			
	Maans of Injury Injured at work?			
18. Funeral Birector	Dowlere fruit			
Address 900 4. Celepter 1				
2/12 18 110 4 1 -1	23. SIGNATURE Isadore Tuerk, M. D. or other			
19. (Date rec'd by registrar) Registrar	Address Catonsville, 28, Maryland Date signed 7/9/48			

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PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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06935

CERTIFICATE OF DEATH

eg. Dist. No.

. CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Nospitai, institution, or street address where death occurred: Was leading and the special or institution? 3. (a) FULL NAME.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
William Warner Brenn	er unknown.
4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced Male While Manuel	MEDICAL CERTIFICATION 2D. DATE DE DEATH July 2 19 4 8 21 4: F
6.(b) Name of husband or wife Evelyn Brenney 6.(c) If allive, give age 37 years 7. Birth date of deceased (mo., day, yr.) Oct 8, 1910	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.2 and that I last saw h and alive on Jacky 2 19. 4.2 Immediate cause of death. DURATION
8. AGE: Years Months Days It less than one day 30 8 22 hrs. min. 9. Birthplace Balting Maryland.	Due to Coronary heart dream 6 mon
11. Industry or business Electricity	Due to
12. Name Janhan Brennsky 13. Birthplace Baltimore, md.	Other conditions (Include pregnuncy within 3 months of death)
14. Maiden name Magaret Welfely 15. Birthplace Baltimore, Mayland.	Major findings of operations. Bate of op.
Address III Wallehli aur	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, which?) Cemetery or crematory Date thereot (Gooth) (day) (year)	Accident, suicide, or homicide
Location Fydark Road	Injured at home, farm, industry, public place (where?)
Address Add	23. SIGNATURE William Joedman M. D. or other Address 1834 Lelahu Lpring Date signed 2 July 4

WRITE

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06936 44 Reg. Dist. No. 44

I. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Baltimore City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)				state Maryland Cou		0.	
City or town	tside city or town li	mita, write R	URAL and give nearest town)	Edgewater			
How long in above place of	of death? 102 I)ays		Cily or town Edgewater (If outside city or town limits	s, write RURAL and give ner	arest town)	
Hospital, Institution, or				Street No. NONE (If rural, give	•••••		
			oward, Maryland			_/	
How long in hospital or institution? 102 Days				2.(a) If veteran, name warVW			
3. (a) FULL NAME					3. (b) Social Security	Number	
	JOHN E				213-22-1786		
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION		
Male	White	N	arried	20. DATE DF DEATH July 20.	1948	.9:15 A	
E (b) Name of Biologist	orwite Elic	zabeth		21. I CERTIFY that death occurred on the date abo	ove stated; that t altended dece	ased from	
o.(o) hame of analysis		8.6	1 If alive give age 53 years	April 9, 19	48 to July 20	19.48	
7. Birth date of	6-21-	1880	e) If alive, give age53years	and that I last saw h i.Malive on			
deceased (mo., day, yr) Months	Days	If less than one day	Immediate cause of deathS.PINALCC			
o. no.			UNIX REACHDONING PROCESSION	CEREBRAL EDEMA.		2 wks.	
59		29	hrsmln.				
9. BirthplaceSha	dyside. M	aryland	tate)	Due to Tumor of upper The			
				brae		Unknown	
PLOTTED VICE AND ADDRESS OF THE PARTY OF THE		4		Due to			
11. Industry or business							
				Diher conditions		• •••••••	
13. Birthplace P				(Include pregnancy within 3	months of death)		
当 14. Matden name	Margaret :	Popham		Major findings of operations			
S 15. Birthplace S	hadyside,	Maryla	ind	Major nadiags of aperations.			
14. Malden name 15. Birthplace S 15. Informant Cli	nical Reco	ande I	ets. Adm. Hosp.	Autopsy results Substantiated			
For	t Howard,		1	PHYSICIAN: Please underline the cause to w	hich death should be charged	statistically.	
WOOLE 22				22. VfOLENCE: if death was due to external car	uses, fill in the following;		
17Bu	cial	Date ther	eof July 23 1948 (month) (day) (year)	Accident, suicide, or homicide			
			ial Cemetery	Where did Injusy occur?(City or town)			
Location Mayo A. A. Co. Maryland			Maryland	Injured at home, farm, industry, public place (w			
18. Funeral director	Ben L Hopp	ing an	d Son	Means of Injury	Injured at work?		
			polis, Md.	RLO	Swy		
T. 0 .	N US	74	m. J. French	23. SIGNATURE		or other	
19. July	-) 19 7 0		Registrar	Address VAH Ft. Howard,	Md. Date signed	7-20-48	

RECEIVED JUL 22 1918 BUREAU V. S.

D. Sent white Printed Street

. The state of the

2411 N. Charles St., Baltimore

06937

CERTIFICATE OF DEATH

			V	L	-
Reg.	Dist.	No.	 4		Ä

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)		
County Baltimore		State Maryland County		
City or town				
		City or town Baltimore (If outside city or town limits, write RURAL and give new	rest town)	
Hospital, Instilution, or street address where	death occurred:	Street v. 5013 Beauregard Avenue		
Veterans Administration Hospital			1/	
	1 days	2.(a) II veteran, name war		
3. (a) FULL NAME		3. (b) Social Security	Number	
JOSEPH B	URLEY	Unknown		
4. Sex 5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored	Single	20. DATE DE DEATH JULY 30 19 48	110:50 A	
		21. I CERTIFY that death occurred on the date above atated; that I attended dece		
6.(b) Name of husband or wife			1948.	
7 Right date of	6.(c) If alive, give ageyes	and that I last saw h im alive on July 30	1948.	
deceased (mo., day, yr.)	11, 10//	Immediate cause of death		
8. AGE: Years Months	Days If less than one day	HYPERTENSIVE CARDIOVASCULAR DISEASE		
53 4	13m	in.		
9. BirthplaceAnne. Arunde	L County Md.	AmtoniogoTomogia	Unknown	
	r	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	
		Due to	***************************************	
11. Industry or business ∝		Diber conditions 1. Residuals left	***************************************	
	urley		Unknown	
		Hemiplegia 2.Syphilis, late latent (Include pregnancy within 3 months of death)	UIDIA MIL	
14. Maiden name Rachel H	inson	Major findings of operations		
HE 14. Maiden name Rachel H		Date of op		
	ords, Vet. Adm. Hosp.	Autopsy results None		
73 t. TT		PHYSICIAN: Please underline the cause to which death should he charged	statistically.	
	2/1/11	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial (Burial, cremation, or removal, Which	Date thereof (phonth) (dsy) (year)	Accident, suicide, or homicide,		
	vary	Where did injusy occur?	(State)	

	8	Injured at walk?		
18. Funeral director Charles R.	Law	WALLAN AM		
Address 802 Madison A	ve., Baltimore, Md.	- Hillega 1		
	010	23. SIGNATURE M. D.	or other	
19	Registr	sr Address VAH Fort Howard, Md. Date signed	7-30-48	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correction is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

rect age

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06938

CERTIFICATE

2.

Or	DEATH	Reg. Diat. No.
USUA	L RESIDENCE (HOME	OF DECEASED:
(For	newborn it ents give residence	of mother)
e	700	County
or tow	a Ball	mite cuite PUPAL and older named town

(If outside city or town ilmita, write RURAL and give nearest town) low long in above place of death? lospital, institution, or street address where death occurred:	City or town (if enterior coun limits write RURAL and give nears Street No. 2 (If rural, give LOFATION)	estown)
low long in hospital or institution?	2.(a) If vetersn, name war.	
ELIZABETH OR	PION BURNETT 3. (b) Social Security N	umber
5. Color or race 8.(a) Single, married, widowed, or divorced UIDOWED	MEDICAL CERTIFICATION 20. DATE OF DEATH	9-4
(b) Name of husband or wife	21_I CERTIFY that death occurred on the data above stated; that I attended deceases 19	ed from19
deceased (mo., day, yr.) B. AGE: Years Months Days If less than one day	Immediats cause of death My carditis	DURATION weeks -
3. Sirthplace Ballon. (Town, county, and state)	Due to	7
ID. Usual occupation	Due to. Outerosser	?
12. Name James H. W. Onion 13. Birthplace Balla	Other conditions (Include pregnancy within 3 months of death)	•••••••
14. Maiden name Catherine Rebecca Hu	Major findings of operations	
Address 3714 Selfrage Rue	Afterpry results. PHYSICIAN: Please underline the cause to which death should he charged st	atistically.
(Buriar Comation, or removal. Which?)	Accident, suicids, or homicide	
Cometery of Crematory Balto Co. Mid.	Where did injury occur? (City or town) (County) [injured at home, farm, ladustry, public place (where?)	State)
111 0 -12 h / x Sa	Masns of injury Injured at work?	

PLEASE

18. Funeral direct Address

Address..

MARGIN RESERVED FOR BINDING

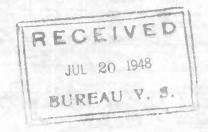
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

1316

06939 Reg. Diat. No. 37

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
(If outside city or town limits) write RURAL and give nearest town)	A malaria & 11.
How long in above place of death?	(If outside city or town limits write RURAL and giva nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war
Robert Neal Calver	3. (b) Social Security Number
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	20. BATE OF BEATH. 2014 19 19 48 at 8 At M
6.(b) Name of bushand or wife	21. I CERTIFY that death occurred on the date above stated: that attended deceased from
7. Birth date of deceased (mo., day, yr.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Immediate cause of death: DURATION
8. AGE: Years Months Days If less than one day	Immediate cause of deaths. DURATION 44410A -
79 8 4hrsmin.	(alid in Cona)
9. Birthplace	Due to.
10. Usual occupation	Bue to
11. Industry or business	
12. Name. Latvert. 13. Birthplace Balto, Md.	Other conditions Parlament Order J 3-1/10.
E Desus & Chand	(Include pregnancy within 3 months of death)
15. Birthpiace ameline della Md.	Major findings of operations and a second of the second of
16. Informant Rachael V. Calvert.	Autopsy results
Address Coclanssiallo and-	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Date thereof July 22, 1948 (Burial, cremation, or removal, Which?) Date thereof July 22, 1948 (month) (day) (year)	22. VtOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Doubles Garle Comme	Where did lajury occur?
Location Balto red	Injured at home, farm, Industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director	DIY OF 1-
Address Sparles md.	23. SIGNATURE Wilmer 6. Our W.D.
19. 7-19- 19. Wilmer C.Ensor (Date rec'd by registrar) Ragistrar	Cockysish 19 149 Bate signed



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06941) Rog. Dist. No.

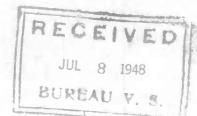
County Baltimore City or town. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Armacost Nursing Home, Regester Ave. How long in hospital or institution?	City or town. Street No. 1001 St. Paul St. (If rural, give LOCATION) 2.(a) If veteran, name war.
James M. Campbell	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male white widowed	MEDICAL CERTIFICATION 2D. DATE OF DEATH. July 30 19.48 11.47P 1
6.(b) Name of husband or wife Louisa Campbell 6.(c) If aliva, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE Years Months Days If less than one day	2t. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7.30 19. 19. 19. 19. 19. 19. Immediate cause of death
80 000 25min.	Gronolo & neutinonia - 7 Rays.
9. Birthplace	Other conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op.
16. Informant Laurence B. Meacham Address Brooklandville, Md. 17. Cremation (Burial, cremation, or removal, Which?) Date thereof. August 2. 1948 (month) (day) (year) Deficiently in crematory. Loudon Park Location. 380k Brederick Ave., Baltimore. 18. Funeral director. August 2. 1948 Address 1900 Eutaw Place, Balto. 17, Md. 19. (Date ree'd by registrar) Registrar	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide

BINDING

FOR

RESERVED

MARGIN



PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

	Reg. Dist. No		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Baltimore	State Maryland County		
City or fown	Raltimore		
How long in above place of death? J4 Days	City or town	reat town)	
Hospital, Institution, or street address where death occurred:	Street No. 2611 Pierpont Street	1	
Vets. Adm. Hospital, Ft. Howard, Md. How long in hospital or Institution? 314 Days	(If sural, give LOCATION) 2.(a) It veleran, name war.	./	
The second secon			
3. (a) FULL NAME	3. (b) Social Security	Number	
WILLIAM H. CHRISTIAN 4. Sex 5. Color or race 5. (a) Single, married, widowed, or divorced	Unknown	. !	
	MEDICAL CERTIFICATION		
Male Colored Married	20, DATE DE DEATH July 21, 1948	1	
6.(b) Name of Name of Name wite Roberta Christian	21. I CERTIFY that death occurred on the date above stated; that I affended decea	sed from	
	Jule 17, 1948 10 July 21,		
7. Birth date of 70_70_7077	and that I last saw n		
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause ul death Subacute Nophritis	- DURATION	
30 9 11 hrs. min.			
9. Birthplace Baltimore, Maryland	Unknown	Unknown	
(lown, county, and state)	Due to		
10. Usual occupation Screen Mender	Bue to	1	
11. Industry or business	Due to		
買 12. Name William Christian	Other conditions None	t	
E 12. Name William Christian 13. Birthpiace Virginia	(Include pregnancy within 3 months of death)		
North Carolina	Major findings of operations.		
14. Maiden name Ardela Chin 15. Birthplace North Carolina 16 Informant Clinical Records Vets Adm. H. sp.	Autupay results Substantiated & bove		
16. Informant Clinical Records, Vets. Adm. H. sp.	PHYSICIAN: Plesse underline the cause to which death should be charged	statistically,	
Audress	22. VIOLENCE: If death was due to external causes, till in the following:	,	
17. (Burial, cremation, or removal, Which?) Date thereot. (month) (day) (year)	Accident, suicide, or homicide		
(Burial, eremation, or removal, Which?) Cemetery or crematory. Baltimore National Cemetery	Where did Injury occur?	(0+++)	
Baltimore, Maryland	(City or town) (County)	(State)	
4	Mesns of injury Injured at work?	1	
18. Funeral director. Charles R. Lew	319		
Address 802 Madison Ave., Balto., Md.	Kaymond Lynn		
July 27 18 and Deds 2	The state of the s	or other	
19. Mate rec'd by registrar) Registrar	Address VAH. Ft. Heward, Md. Date signed.	**********************	

ASE WRITE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

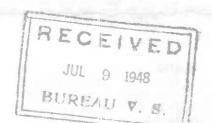
930

06943

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DE.	ATH:		2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	(mother)	
City or town. Helsterstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 27 yrs. Rospital, institution, or street address where death occurred:		State Md. County Balto. City or town Reisterstown (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)			
					How long In hospital or Institution?
3. (a) FULL NAME			3. (b) Social Security Number		
	Ralph C	C.Clark			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced		ERTIFICATION	
Male	hite	Single		0 19.4.8 at 11.A.	
6.(b) Name of husband	or wife		21. I CERTUFY that death ocquired on the date at	bove stated; that I attended deceased from	
				14.8, 10	
7. Birth date of deceased (mo., day,	June 29	,1919	and that I last saw h.f	V -	
8. AGE: Years		Days If less than one day		Junation	
29	of the	7hrsmin.	Ment In	mic	
9 Rirthniace	Baltimore	City	Due to		
	None	eounty, and atate)	Mystark	7.3	
			Due to		
11. Industry or busines		(131-	- P P P 1 - 2	minded no.	
12. Name	Howard	Clark Co.	Other conditions (Include pregnancy within 3	Impaths of double	
当 14. Maiden name	Nellie Balto.Co.	M. Durham	Major findings of operations		
15. Birthplace	Balto.Co.		major randings of operations.		
		M.Clark			
	isterstow	•	22. VIOLENCE: If death was due to external ca		
17 Buris	a] n, or removal. Which?)	Date thereofJuly 8 1948 (month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation, or removal. Which?) Cemetery or crematory. Druid Ridge			Where did Injury occur?(City or town)		
	- 7 A - / C -			where?)	
		ie & Sons	and the season of the formal	Injured at work?	
	eistersto		4 1 6 14	and and M.	
- H		061.	23. SIGNATURE	M. D. or other	
19. (Date rec'd by re	- 19 48	MORY J.ELIW	Address Li)TV	Date signed	



06944

Reg. Diat. No...

7411 N. Charles St., Baltimore
FIFICATE OF DEATH

93d

V	U	V	JK.	7	

22

	2411 N. Char CERTIFICA'
City or town Near Glynd (If outside city or town is	on mits, write RURAL and give nearest town) 6 yrs
ospital, institution, or street address where	death occurred:
3.(a) FULL NAME Julia K	.Colt
Sex 5. Color or race	6.(a)Single, married, widowed, or divorced
Female White	Married
	V. Colt
8. AGE: Years Months	Days If less than one day
1D. Usual occupationHousewi. 11. Industry or business 12. Name	Mo county, and state) f.e. aker Kennett Mo
is Interment Henry V Co.	1 ±
Address Glyndon, Md	
17. Burial (Burial, cremation, or removal, Which?	
	ne & Sons
Address Reisterst	own, Md.

	Md.		, Balto.	
City or	town Near	Glyndo	write RURAL and give	nearest town)
Street (No	(If rural, give I	LOCATION)	**************************
2.(a) II	veteran, name war			***************************************
			3. (b) Social Securit	y Number
	ME	DICAL CE	RTIFICATION	
2D, DAT	E DF DEATH	ely 1	19.54.	7 all:30
21. I CE	ERTIFY that death occurred	on the date abov	e stated; that I attended do	ceased from
ears and tha			-14	
1.			ch Block	
Due to	teriesel	ratie E	-Y. Disca	es 2 gr
Due to			-745	6 m
	onditions One	I LAN	ation	8-11
Diher c	riculas 3	nancy within 3 m	onths of death)	
a	riculas 3			
Major	(Include pregr	nane	onths of death)Date of op ch death should he charg	
Major : Actops PHYS1: 22. VI	(Include pregr	the cause to whi		ed statistically.
Major de Actops PHYS10 Acciden Whers	(Include pregressions	the cause to white to external caus	ch death should he charges, fill in the following: Date of (County)	ed statistically.
Major de Actops PHYS10 Acciden Whers	(Include pregressions	the cause to white to external caus	ch death should he charges, fill in the following: Date of (County)	ed statistically.
Major de Maj	(Include pregressions	the cause to white to external caus	ch death should he charges, fill in the following: Date of (County)	ed statistically.

RECEIVED

JUL 21 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06945 Reg. Diat. No.

1. PLACE OF DE	ATH:	r.		2. USUAL RESI	DENCE (HOME)	OF DECEASED: f mother)	
County	t Howard,	Marylan	<i>a</i>	Stote Maryl	and	ounty	
(11	outside city of town	HIMITO, WATER ALL	JRAL and give nearest town)	Be	Itimore (24))	
How long in above place of death? 31 days Hospital, Institution, or street address where death occurred: VAH. Fort Howard, Md. How long in hospital or institution?				City or town(1f	outside city or town limi	its, write RURAL and give	nearest town)
				Sireet No. 413	N. Pert Str		
				Sireet NU	(If rural, giv	re LOCATION)	
				2.(a) If veteran, nam	(If rural, give LOCATION) WW I		
3. (a) FULL NAM	IE					3. (b) Social Securi	ity Number
CONNELL	Y, James I	. Sr.				Unkne	own
4. Sex	5. Color or race		married, widowed, or divorced	TI TI	MEDICAL C	ERTIFICATION	
		100					
Male	White	W2	dowed	2D. DATE DF DEATH	July 10	19.4	111:25
	d or wife			Trans 0	19	bove stated; that I attended to 48 to July	10 15 48
7. Birth date of	Novemi	per 7, 1	If alive, give age			Ly 10	
deceased (mo., day,	,			Immediate cause of	death		, DURATION
8. AGE: Year		Days	If less than one day	ACUTE CAR	DIORESPIRATO	RY FAILURE	Unknown
	52 8	3	hrs	min.			
	(Town	aryland, county, and a	ate)	Due to			
1D, Usual occupation.	Clerical		***************************************	Due to			
11. Industry or busine							
12. NamePa	itrick Ceni Irelai			Other conditions			
	Cathanine	MaDane	ught		clude pregnancy within		
14. Maiden name	ORUMOILM			Major findings of o	perationsRt. pneu	monectomy for	2 CA
		Ireland		of right	lung	Date of op	7/9/48
16. Informant	inical Reco	ords, Ve	ts. Adm. Hesp.	Antonsy results	none	which death should he char	,
Address For	rt Howard,	Marylar	rd				ged vondendary.
17 Burial	on, or removal. Which	Date there	7 - 14 - 2 (month) (day) (year	Accident, suicide, or	death was due to external c	auses, flif in the tollowing; Data of	
			. y	11	cur?(City or town	(County)	(State)
Location East	tern Avenu	Balti	more, Md.	Injured at home, far	m, Industry, public place ((where?)	
			ic.	Manne of Injury		Injured at work?	1
		-	cimore, Md.		Konor	6. Ames	Ler.
10 2/13	egistrar)	e 4	w Hedre	23. SIGNATURE	EORGE E. SNI	DER, M.D. M.	D, or other
(Date rec'd by r	egistrar)		DO Reg	istrar Address VAH	Ft. Howard, N	dDate sign	red 1. 1. 148

06946

		2411 N. CI	narles St., Baltimore 92	
		CERTIFIC	ATE OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH County Ba	ltimore)	2. USUAL RESIDENCE (HOME (For newborn infents give residence	OF DECEASED: of mother) Baltimore
	leath?where	mits, write RURAL and give nearest town)	City or town Oakles (if outside city or town is Street No. 1006 Leeds 8	mits, write RURAL and give neares
How long in hospital or inst	titution?	de or	(If rural.	rive LOCATION) 1 American
3. (a) FULL NAME	JOS	SEPH FRANCIS COONE	Y	3. (b) Social Security Nu NONE
4. Sei 5.	Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL	CERTIFICATION
Male w	hite	Married	20. DATE OF DEATH July 31,	1948
deceased (mo., day, yr.) 8. AGE: Years	Dec.	3, 1880 Days If less than one day	and that i last say h	July of
67	7	hrs.	min. Acute Card	ear failure
9. Birthplace Balti	more,	Maryland	Due to	
10. Usual occupation	tired	county, and state) B. & O. General	1 Condes	uscular
11. Industry or business	Electi	rician	000 107	disease /
12. Name Thoms	s Coone Balt:	ey Lmore, Md.	Dther conditions	
14. Maiden name	Jane Mo	cDonald and	(Include pregnency withi	
16. Intermant Mrs. Address 1006	Cather:	ine E. Cooney	Antopsy results	
Burial	1 31/1/2 6 2	Date thereof. 8/4/48	22. VIOLENCE: If death was due to externa Accident, suicide, or homicide	Date of
Cemetery or crematory	Baltimo	ore National	Where did injury occur?(City or tow	
18. Funeral director A.S.,	9.6	vans Don, In	Injured at home, farm, Industry, public place Means of injury	(where?)
Address //8	1. M	Soyal ave	23. SIGNATURE.	M, D, or

Dr. Geo. S. M. Kieffer 1010 Leeds ave.



MARGIN RESERVED FOR BINDING

A15 VS

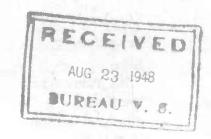
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

4800

06947 Reg. Dist. No. 30

County Baltimore Cat onsville City or town (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? 27 years, 2 months, 11 days Hospital, Institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or institution? 27 years, 2 months, 14 days			City or town (If outside city or town limita, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME	Theodosia B.	Cox	3. (b) Social Securi	ty Number	
	olor or race 6.(a)Sinwhite	gle, married, widowed, or divorced widowed	MEDICAL CERTIFICATION 20. DATE DF DEATH	8 , 6:10 pm	
8.(b) Name of husband or wife			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 17. 19. 21. to July 31. 19. 48		
8. AGE: Years 62	Months Days 2 1	If less than one day	Immediate cause of death Pulmonary oedema	6 hours	
9. Birthplace			Due to Hypertensive cardiovascular- renal disease Due to Carcinoma of cervix, post-radiation	indefinit	
			Other conditions		
			Major fiediogs of operations. Date of op. Actopsy results. As above PHYSICIAN: Please underline the caose to which death abould he charged atatistically.		
Buried (Burial, cremation, or recembery or crematory Location Caton: 18. Funeral directorSpi Address Ca	Spring Grove sville 28, Ma cing Grove St tonsville 28,	ate Hospital	PHYSICIAN: Please underline the cause to which death abould be charged. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)	



. . .

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH.

2411 N. Charles St., Baltimore

45a

0694820 Reg. Dist. No.

1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
Robert Jo			seph Cremen,	none	
4. Sex male	5. Color or race white	6.(a)Single, married, widowed, or diverced married	MEDICAL CI	ERTIFICATION 1948 19 atat	3.
6.(b) Name of husband or wife Anna O'Neill Cremen, 5.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) ABOUT-Dec. 31, 1876.			21. LCERTIFY that death occurred on the date about 19.1 and that I last saw h. 1 m alive on Jl	July 5	19 ⁴⁸
8. AGE: Year ABOUT 7	s Months	Days If less than one day 5hrsmin.	Immediate cause of death		DURATION / Zers
9. Birthplace Baltimore, Md. (Town. county, and state) Contractor,			Due to. Ca. J. Lib.		372:
11. Industry or business Paving E 12. Name Robert J. Cremen, Y 13. Birthplace Ireland,			Other conditions Outro-and		777:
14. Maiden name Margaret Wall, 15. Birthplace Ireland. 16. Informant Mrs. Anna O'Neill Cremen,			(include pregnancy within 3 m		
Address 323 Harlem Lane, Catonsville, Md. Burial (Burial, eremation, or removal, Which?) Cemetery or crematory Druid Ridge Cem.			PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Pikesville, Baltimore Co. Md. 18. Funeral director			(City or town) Injured at home, farm, industry, public place (wi Means of Injury		ite)
Λ.	Park Hel	4.0	23. SIGNATURE // Address 6209 Frederick	M. D. or oth	

WRITE PLAINLY, is especially

PLEASE

age

correct

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

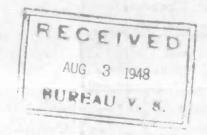
Baltimore

93d

A HEHAL DECIDENCE (TAGRATE) OF DECEASED

06949 Reg. Diat. No. 4

County Balling	(For newborn infants give residence of mother)		
	State Med. County Balliceore		
City or town	City or town Model Cliff War Town (If outside city of town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Sc. Mary Agnezka Danihelka 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number		
	MEDICAL CERTIFICATION		
Female White Single	20. DATE OF DEATH July 19 19.48 21 9.15 A . N		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21. I CERTIFY that death occurred on 19.48. and that I last saw h. L. 2. alive on frequency 14.448.		
8. AGE: Years Months Days If less than one day	Immediair cause of death Mayo carial decoupeus ation 2 ms.		
9. Birihpiaca C ga char Pariale a. (Town, county, and atate) 10. Usual occupation Teacles 2. 11. Industry or business	Due to		
12. Name Weised Packs 13. Birthplace Creekorlovakia	Other conditions arteria sclessing and hyperteries		
14. Maiden name Jusary Dife 15. Birthplace Czechos Povakia	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant 21. Mary Classa Address leokels Cliff	Antopsy results		
17. Bate thereof (mopth) (say) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemelery or crematory of the Control	Where did Injury occur?		
18. Funeral director Standards Address 8/1/N/W Olffer M	Msens of injury Injured at work?		
19 // G / V 19 // My // Registrar Registrar	Address Date signed		



WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newhorn infants give residence of mother)

Reg. Dist. No.

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)		
County			State Md. Cou	Balto.	***************************************
(If e	outside city or town li	mits, write RURAL and give nearest town)	City or town		
How long in above place	of death?	doth accord	City or town(If outside city or town limits	write RURAL and give neare	eat town)
Hospital, institution, or	street address where 1015 Be	echfield Ave.	Street No. (If rural, give		
		***************************************	2.(α) If veleran, name war.	LOCATION	
	r Institution?		2.(a) is vereran, name war		
3. (a) FULL NAM	E.	JOHN G.DARROCH		3. (b) Social Security N	umber
4. Sex	5. Color or race	5.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
male	white	widowed	20. DATE OF DEATHJuly 31	, 48	12:30 p
6.(b) Name of husband	or wife Ida	B. Darroch	21. I CERTIFY that death occurred on the date abo	K- Ull-A	ed from
nee (aring		7777	10 /	
7. Birth date of deceased (mo., day,	()	ct. 31, 1870	and that I fast saw halive on	7-70	19 48
8. AGE: Year		Days If less than one day	Immediate cause of death		DURATION
77	9	O. 2	The Lotale //	Menne	2 day
		ls. N. Y.	Que to		
10 Houst ecoupation	B. & O.	R. R. retired	(a. l. Mare	On disease	
	molder		Oue b		<i>.</i>
11. Industry or busines	nknown		—		
12. NameU	11	***************************************	Other conditions	***************************************	
	9.0		(Include pregnancy within 3	nonths of death)	
14. Maiden name	***************************************		Major findings of operations		
14. Maiden name 15. Birthplace	19		Date of op.		
Wr	s. Lillian	G. Hartwig, sister-in-la			
101 11110111101111111111111111111111111			PHYSICIAN: Please underline the cause to w	nich death should be charged st	atistically.
1001000	15 Beechfi		22. VIOLENCE: If death was due to external cau	ses, fill in the following:	
	rial	Date thereof	Accident, suicide, or homicide		
(Burial, cremation	n, or removal. Which?	n Park Cam.			
Cemetery or cremat	ory	n Park Cem.	Where did Injury occur?(City or town)	(County)	(State)
Location	Balto	., Md.	Injured at home, farm, Industry, public place (w		
		TICKNER & SONS	Means of Injury	Injured at work?	
		., Md.	es me	11	
Address	Darco	·, mu.	23. SIGNATURE	reffer	AT
10 line	2 1848	Je/Kuffer	los Kes de no	M. D. or	other
(Date rec'd by re	egistrar)	U Registrar	Address 010 Reds 0	Oate signed.	



AUG 4 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1572

06951

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
city or town. Cif outside city or town limits, write RURAL and give nearest town)	State Md County Baltimore		
How long In above place of death?	City or town. Thrans Sta. (If outside city or town limits, write RURAL and give nearest town) Street No. 202 Colfax Rd. (If rural, give LOCATION)		
How leng la hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL HAME Wells in Hamilton Dennis	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widewed, or divorced M C Single	MEDICAL CERTIFICATION 20. DATE OF BEATH July 20, 19.48 at 1/30 M		
6.(b) Name of husband or wife	21. I CERTIFY that and the occurred on the date above stated: that I attended accessed from 19.4. 3 to 19.4. 3 and that wast saw have an live on 19.4. 4 Immediate cause of death 19.4. 4 5 5 5 5 5 5		
8. AGE: Years Months Bays If less than one day 9hrsmin.	9 Says		
9. BirthplaceBs.1.toCount.vMd(Turners St. 10. Usual occupation 11. Industry or business 12. NameJosoph Dennis	Due fo		
13. Birthplace Port Deposit, Md.	(Include pregnancy within 8 months of death)		
14. Malden name	Major findings of operations		
18. Inferment Blanche Dennis (M) Address 202 Colfax Rd, (Turners Sta)	Antopsy results		
17 Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Balto. Md. Auburn	Where did injury occur?		
18. Funeral director Charles G. Cooper	Means of Injury Injured at work?		
19. (Date rold by registrar) Address 510-12 N. Carrollton Ave. (19) 19. (Date rold by registrar) Registrar	23. SIGNATURE ON USANO Stade M. D. or other Address. 140 Oak One Date signed 7-30-48		

PLEASE

VS A15

errect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06958 Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Journal Journal County	(For newborn infints give residence of mother)
City or town Calqueille	State County County
City or town(If outside city or town limits, write RURAL and give nearest town)	City or town 3900 Junion level 91
How long in above place of death?	City or town
Hospital, institution or street appress where death organized:	Street No. 13 alls 15-720
Jood / weif Joome	(If rural, give LOCATION)
How long in hospital or institution? 140 / (53/3 Edmmillog (18)	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
TORUUL VIININ	MANAU MOUSI
4. Set 5. Color or pace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Kallate Miller Miller	10 0 10 -
Mulle Mill Stilled	20. DATE OF DEATH. July 7. 18 21 9 - AM
6.(b) Name of husband or wite ZVM. Masow Sonoclan	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
6.(b) Name of husband or wife LUM. I JOLOW A TUOCOM	July 1 18 48 10 July 7 18 48
7. Birth date of	// / /
	and that I last saw h
deceased (mo., day, yr.) 8 A.G.F. Years Months Days Viess than one day	Immediate spuse of death DURATION
8. AGE: Years Months Day's Priess than one day	arterio deleroore as 000
89 J 20min.	Varecelar Disease Only
Brolly ml	
9. Birthplace	Due to
1D. Usual occupation	
1b. Usual occupation.	Due to
11. industry or business	
12. Name UNIMU MUEST	Other conditions
12. Name UNUMU Myers 13. Birthplace Yudinied	
	(Include pregnancy within 3 months of death)
14. Maiden name Many Suffell	Major findings of operations.
S 15 Righniage Manual Fund	Date of op.
Mai So Good Cool Park	
16. Informant / 107/10 3: My CVD - 120/75/100	Autopsy results
Address - 3400 Zukum Nak 1911	PHISICIAN: Please underine the cause to which death should be thanged statistically.
0.1 .1 1 1 0.001 0 118	22. VIOLENCE: !! death was due to external causes, till in the lollowing;
(Burial, cremation, or removal, Which?) Date thereol (month) (day) (year)	Accident, suicide, or homicide
(Burisi, cremation, of removal, princit)	
Cemetery or crematory	Where did Injury occur?
Location 18 acts. m.	Injured at home, farm, Industry, public place (where2)
Character to the contract of	Means of injury injured at work?
18. Funeral director. LUCAN JANIUM O.	
Address 108 My Volla	Xo. Delank.
1ct 1 Ab 11	23. SIGNATURE M. D. or other
190/X 1940 XIMITELL	700
(Datyree'd by registrar) Registrar	Attress Date signed

WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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06953

CERTIFICATE OF DEATH

Reg. Diat. No. 37

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town (If outside city or town tibits write RURAL and give nearest town)	State May County Dall	morl
1 e K D	City or town	
How long in above place of death?		nearest town)
	Street No	***************************************
How long to hospital or Institution?	2.(a) If veteran, name war	
Elizabeth H. De	orfle 3. (b) Social Securi	ity Number
4. Sex 5. Color of face S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	8 -
- Tull stuge	20. DATE DF DEATH. 19	, al O-P.
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the pate above stated; that I attended d	leceased from
	years 19, to	
7. Birth date of deceased (mo., day, yr.) sentenders 1871	and that I last saw halive on	
8. AGE: Years Months Days If less than one day	Immediate cause of death	
77 unbrudeory hrs.	min. Parsuare Cellyany.	Heave
9. Birthplace Last Ballot Co Will	Due to Albury Bellinsis	
10. Usual occupation. Housewake	Due to.	
11. Industry or business		
12. Name Claward hoge 12. Name	Dither conditions Performance Accurately a	agu.
	(Include pregnancy within 3 months of death)	
14. Malden name Budget O'Conor 15. Birthplace Green O	Major findings of operations	
This to do lies by out	Date of op	
16. informant	PHYSICIAN: Please underline the cause to which death should be charge	
Address May 1000	22. VIOLENCE: If death was due to external causes, filt in the following:	
(Burial, cremation, or removal Which?) Date thereof (myonth) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory St. Actobile	Where did injury occur?	(State)
Location Jeroet Just	Injured at home, farm, industry, public place (where?)	(4
1 / antible morted	Means of injury injured af work?	
18. Funeral director.	0.0.0	111 9
Address Sparry, Mile	23. SIGNATURE DULL VILLEY	· M.a.
19. 7-6- 19 48 Wilmer C. Ens		infulty .
(Date rec'd by registrar) Regis	strar Address Date sign	ed Lander

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JUL 8 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	ATE OF DEATH Page Dia No.
1. PLACE 912 DEATH	2. USUAL PESIDENCE (HOME) OF DECEASED:
County Dallo	(For newhorn infants give residence of mother)
City or town Sparrane Comp.	Slate County
(If outside city or town limits, write RURAL and give nearest town)	City or town Pallemal
How long in above place of death?	(If outside eity or town limits, write BURAL and give nestest town)
on SS marore an Orl Doch	Street No. (If rure), give LOCATION)
How long In hospital or Institution?	
3. (a) FULL NAME	
John Duesbur	3. (b) Social Security Number
4. Sex 5 Solor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Cof. Widower	20. DATE DE DEATH Suly 28 1948, at 19
6.(b) Name of husband or wife annie	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	ears 19
7. Birth date of deceased (mo., day, yr.) april 29, 1891	and that I last saw halive on
8. AGE: Years Myphs Days If less than one day .	Immediate cause of death
3-7hrs	nin Assessment Assessment
10.1.1 c m 10.1:	- Commy removers
9. Birthplace (Nown, county, and state)	Due to.
11.11.6	actuall dely at see
1D. Usual occupation	Due to
11. Industry or business	- 04 also duf 1/28/48-12 Fin
E 12. Name	Dther conditions
13. Birthplace	
H 14. Malden name	(Include pregnancy within 3 months of death)
X 15. Birthplace	Major fiediogs of operations
≥ 1 15. Birthplace	Dale of op.
16. Informant Sewery Juny	Aotopsy resolts
Address 726 n. Carrene St.	PHYSICIAN: Please underline the cause to which death should be charged statisticalty.
B O. L. 30 193	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burisl, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory my Calvaria Cenu	Whera did injury occur?
A. a. Pront.	Injured at home farm, industry, public place (where?)
Location (Au Community Com	
18. Funeral director Mad States Classes Dy	Maans of legiony tojured at work?
Address 1 29 9 Curling	(Months
015,400	23 SIGNATURE (M.D. or other
19	Webrus (molices, chair
(Date recid by registrar) Registr	rar Address Date stood

9. Birlhpiace.

FATHER

1D. Usual occupation.

12. Name

14. Maiden na 15. Birthplace

16. Informant

Address

Location

Address

13. Birthpiace

14. Maiden name

burial

Cemetery or crematory.

18. Funeral director Cas

Date redd by registrar)

(Burial, cremation, or removal, Which?)

11. Industry or business

	pl
	Supply lease w
	Solea
	Y. D
1	白泉
1	9.5
	DIN
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	II
/	N. W.
1	ASE WRITE PLAINI
1	UF

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MARYLAND STATE DEPARTMENT OF HEALTH Evidence for change of 2411 N. Charles St., Baltimore age shown on: CERTIFICATE OF DEATH Reg. Dist. No ... 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newlyon infants give residence of mother) County (If outside city or town limits, write RURAL and give nearest town) AL and give nearest town) Hospital institution, or street (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex Mary 6.(b) Name of husband or wife ... 7. Birth date of deceased (mo. day, yr.) 8. AGE: Months

Harry 1. Zd	el.
5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 3.0 P. 19// 21 6
wife Mary L. Neal Edel	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	and that I just saw halive on
Months Days If less than one day	nin. O Eonory Delusion 3
Saltimore, Md. (Town, county, and atate) Storekeeper	Due to.
Sports Samuel Edel	Due to
Pa.	(Include pregnancy within 3 months of death)
Liza	Majur findings of operations.
Pa.	— Date of op.
Mr. Neal Edel 208 E. Melrose Ave.	Autupsy results
Date thereof 7/15/48 (month) (day) (year) Loudon Park	22. VIOLENCE: 11 death was due to external causes, fill in the following; Accident, suicide, or homicide
Baltimore, Md.	Injured at home farm, industry, public place (where?)
Passeln Funeral Home.	Means of injury Injured at work?
11 11 6 11	23. SIGNATURE

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AUG 5 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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06956

I. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore				State Maryland County		
Olty or town			URAL and give nearest town)			
low long in above place of	death?559.	days	***************************************	City or town Baltimore (If outside city or town limit	s, write RURAL and give nea	rest town)
Hospital, Institution, or str				Street No. 543 East Fort A		
			spital	(If rural, give		1/
	stitution?559.	days	***************************************	2.(a) It veteran, name war		
3. (a) FULL NAME	1.10				3. (b) Social Security	Number
FREDE	ERICK G.				Unknown	er .
	5. Color or race		, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White		Married	20, DATE OF DEATH July 2	10 118	. 8:45 A
			*	21. I CERTIFY that death occurred on the date ab		
6.(b) Name of husband or	wifeMar.y	AEls	1			
7 Blath data at		6. (d) It alive, give age55 years	and that I last saw h.i.Malive onJ		
deceased (mo., day, yr.)	August	14, 1	890	Immediate cause of death		
8. AGE: Years	Months	Days	If less than one day	CEREBRAL INFARCT		
57	10	18	hrsmln.			~ 0
a Birthologa Bal	timore M	4 -		Due to HYPERTENSIVE CARD		
			tate)	DISEASE		
1D. Usual occupation	Unempl	oyed		Due to.		
11. Industry or business						
当 12 Name N	icholas E	isel	***************************************	Other conditions RESIDUALS RIC	CHT. HEMITPLEGIA.	1 yrs.
13. Birthplace G	ermany					
				(Include pregnancy within 3		
⊢		TITETIE		Major findings of operations		
2 15. Birthplace M						
16. InformantClin	ical Reco	rds., V	et. Adm. Hosp.	Actopsy results	Kish death should be showed	atatistically
	Howard,					station cany.
17 Runial		Date there	(month) (day) (year)	22. VIOLENCE: If death was due to external car		
(Burial, cremation, or	r removal, Which?) Date there	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory.	Holy Cr	coss Ce	metery	Where did injury occur?(City or town)		
Location	Baltimo	ore, Ma	ryland	Injured at home, farm, industry, public place (w	/here?)	
		44		Means of Injury	Injured at work?	
Address 121 E.				Pank	Colgot	
A -				23. SIGNATURE CLL		or other
19. (Date rec'd by pegis	9 19 W	0	Degistrar	Address VAH, Fort Howar	d. Md. Date signed	7/2/48
7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8						

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

	Rog. Dist. No.
1. PLACE OF DEATH: Ballinge	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or town	City or town
Hospital, institution, or street address where death occurred:	Streel No
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Sarah Jane Evsor	
4. Sax 5. Color or race 6.(a) Single Americal, wildowed, or dirorced Wildow	MEDICAL CERTIFICATION 2D. DATE OF DEATH
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from
7. Birth date of deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day	moreardily 24ly
9. Birthplace Sparks Manyland 10. Usual occupation Homemaker	Due to.
11. Industry or business	Due to. Colored Colore
12. Name	Dther conditions
14. Maiden name Maly ale Cale 15. Birtholace Spales me.	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace Spales, ml.	
16. Informant	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address parks, and 17 Burel Parks, and 18 Burel Parks, 10:1948	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burki, cremation, or removal, Which?) Cemetery or crematory	Where did lojury occur? (City or town) (County) (State)
Location Butter Ballo 6 ml	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at Work?
13. July 8, 19 48 Wilmer C. Ensor Registrar	23. SIDNATURE AND OF OTHER DATE SENER DATE DATE SENER DATE DATE SENER DATE DATE DATE DATE DATE DATE DATE DATE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c MARGIN RESERVED FOR BINDING

The correct age

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JUL 10 1948

BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06958

CERTIFICATE OF DEATH

Reg. Diat. No...

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Mary land County Battimore
How long in above piace of death? Hospital, institution, or street address where death occurred: Bridge Road	City or town Cit outside city or town limits, write RURAL and give nearest town) Street No. CITY WC ROATION
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME MARY AGNES FIN	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH UNIV 25th 1948 at 4 P. M
6.(b) Name of husband on mile John T. Finn 6.(c) It alive, give age year deceased (mo., day, yr.) Feb. 19, 1867	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 19. F. to 19. F.
8. AGE: Years Months Days It less than one day 5 6min	Cat Sharpele
9. Birthplace TOWSON, Md. (Town, county, and state)	Due to. Cancell of Stomash Don
10. Usual occupation Housewife 11. Industry or business At Nome	Due to. Normale masis
12. Name Frank Mines 13. Birthplace Germany	- Dther conditions
14. Maiden name. A. M. M. i.e. Bolger 15. Birthplace /reland	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthplace /reland	— Date of op.
16. Informant Family Records	Actors results
Address Loch Raven, Md. 12 Burial Date therest July 28, 1948	22. VIOLENCE: It death was due to external causes, till in the toliowing;
Cemetery or crematory MIT Market Community (day) (year)	Accident, suicide, or homicide
Location Towson, Md.	Injurad at home, farm, industry, public place (where?)
18. Funeral director John Burne force	Msans of Injury tnjured at work?
Address Towoon Much	123 SIGNATURE C. S. Josepher rus
19. Date red d by registrar)	Address B3 G4 Kenford Pale signed July 24



PLEASE WRITE

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

Registrar Address Renaturatown, Manual Signed 7-16-48

06959

CERTIFICATE OF DEATH

g, Diat, No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For powhorn infants give residence of mother)		
County Baltimore	State Maryland County		
City or town Catonsville Mda (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 4 yrs. 1 mo., 24 days.	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 721 South Conkling Street		
Spring Grove State Hospital	(If rural, give LOCATION)		
How long in hospital or institution? 4 yrs., 1 mo., 24 days.	2.(a) If yeleran name war		
3. (a) FULL NAME	3. (b) Social Security Number		
John William Fooks			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Single	20. DATE OF DEATH. JULY 16 1948 at 2:445		
6.(b) Name ot husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	Int seen aligne to 19		
7. Birth date ot	and that I last saw h and on July 16 1945		
deceased (mo., day, yr.) May 16, 1884			
8. AGE: Years Months Days If less than one day	Immediate cause of death Hypertensive 5- V. Disease 3 yrs		
64 2 0min.			
9. Birthplace Baltimore Maryland (Town, county, and state)	Due to		
10. Usual occupation. Painter	Due to		
11. Industry or business Painting			
12. Name Peter Fooks 13. Birthplace Germany	Other conditions alcoholic Deterioration 9 yrs		
13. Birthplace Germany	(Include pregnancy within 3 months of death)		
14. Maiden name Catheine Ritter	,		
14. Maiden name Catheine Ritter 15. Birthplace Baltimore, Md. 16. Informant Hospital Records	Major findings of operations.		
TT +1 + T	Isance. Date of op.		
	Autopsy results		
Address Catonsville-28, Maryland	22. VIOLENCE: it death was due to external causes, till in the tollowing;		
17. (Burial, cremation, or removal, Which?) Date thereot. (month) (day) (year)	Accident, sulcide, or homicide		
(Burial, cremation, or removal, Which?) (month) (day) (year)	Where did latery occur?		
Cemetery or crematory First Streeted Evong level	Where did Injury occur? (City or town) (County) (State)		
Location @ Donnel JX	Injured at home, farm, Industry, public place (where?)		
18 Funeral director Lilly + Zach sh	Means of injury Injured 2t work?		
Address 403/S. Wolf H			
Audress 22 3 13 18 A 1 A 1 A 1	23. SIGNATURE Dr. D. D. Caples M.D. or other		

VS/A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:				(For rewhorn infants give residence of	mother)	
county Baltimore			••••••••••••••••••••••••••••••••••••			
City or town			URAL and give nearest town)	State Maryland County		
How long in above place of death? D.O.A.				City or town	write RURAL and give no	rest town)
How long in above place of death?			i:			
Vets. Adm	. Hospital,	Ft. F	Howard, Md.	Street No. See above. (If rural, give	LOCATION)	
Haratana la bassilat s	or institution? D.O.	A.		2.(a) tf veteran, name war		
				2.(a) It release, name was		
3. (a) FULL NAM	1E				3. (b) Social Security	Number
	JOHN P. F				220-05-7620	0
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
Male	Colored		Single	20. DATE OF DEATH July 27,	19.48	D.O.A.
	64	.7.		21. I CERTIFY that death occurred on the date abo		
6.(b) Name of husband	or wite	,1C		July 27,	18 to July 27	19.48
		6.(c) if alive, give ageyears	and that I last saw h. i.M. alive on July	27	19/18
T. Birth date of deceased (mo., day,	yr.) 7-4-06					
8. AGE: Year		Days	If less than one day	Immediate cause of death		
	2 0	23	hrs min.	Coronary Occlusion		sudden
			3	Due to Arteriosclerosis		
9. BirthplaceDid	Town,	county, and	state)	Date 10		***************************************
10 Havel accumulation	Pen Boy.	Bowl:	ing Alley			***************************************
				Due to		1
tt. Industry or busine						
12. Name JO	nn rora			Other conditions	***********************************	
The second secon	Calvert Co) · · · Ma	•	(Include pregnancy within 3 a	months of death)	
Maiden name	Emma Robin	nson		Major findings of operations.		
H 14. Maiden name	Maryland			Major findings of operations. Date of op.		
		2 - 3	Y-1- Ad- Hor-	Colonback to the	Date of op	
16. InformantC.1			Vets. Adm. Hosp.	Autopsy results Substantiate	L. ADOVC.	-t-tistically
Address	Fort Howa	ard, M	aryland			statistically.
	ei ol		7/3//18	22. VIOLENCE: If death was due to external cau		
17. DUI	rial on, or removal, Which?)	Date the	reof (month) (day) (year)	Accident, suicide, or homicide	Date of	
(1.00)	Baltimo	re Nat		Where did injusy occur?(City or town)	(County)	(State)
Cemetery or crematory Baltimore National Cemetery Baltimore, Maryland			rvland			
Location		,	# J **** 1106	Injured at home, farm, industry, public place (w		
18. Funeral director Charles R. Law			W	Msans of injury	Injured at work?	
	802 Mal	dison .	Ave., Balto., Md.	(mano		- Z. A
Address				23. SIGNATURE	omen	MD
10 7/	30,48		Antel D	Deputy me	Leed Mi	Conner
(Date fee'd by r	egistrar)		Registrar	Address Address	and date igned.	7/27/20

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06961

	CERTIFICA	IE OF DEATH	Reg. Diat. No	7	
1. PLACE OF DEATH:		2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)		State Maryland Cou			
How long in above place of death?5days Hospilal, institution, or street address where death Vets. Adm. Hospital.	occurred: Fort Howard, Md.	City or town. Baltimore (If outside city or town limits Street No. 713 N. Howard Street No. 713 N. Howard Street No. 713 No. 100 N	LOCATION)	•	
How long in hospital or institution? 5 da	ys	2.(a) If veteran, name war		V	
3. (a) FULL NAME FRED FRANCI	s		3. (b) Social Security None	Number	
4. Sex 5. Color or race 6	.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION		
Male White	Married	20, DATE DE DEATH July 29	1948.		
6. (b) Name of Auchdry /r wise	et Francis	21. I CERTIFY that death occurred on the date about 12. 24	8 10 July 29	1948	
8. AGE: Years Months	Days It less than one day	CIRRHOSIS OF LIVER AN			
63 9 2	2min.	OR SPICEN			
9. Birihplace Canada (Town, cour 10. Usual occupation Retired 11. Industry or business Civil Serv	ice	Oue to			
FI	cis	Other conditions	***************************************		
	luggett	(Include pregnancy within 3			
16. Informant Clinical Recor		Actopsy resolts Substantiate PHYSICIAN: Plesse coderlice the cause to w	d. 200 Ve hich death should be charged		
17. Burial (Burial, cremation, or removal, Which?)	Oate thereof	22. VIOLENCE: If death was due to external car Accident, suicide, or homicide	Date of		
Cemetery or crematory Baltimor		Where did injury occur?(City or town)		(State)	
Location Baltimore,	Md.	Injured al home, farm, industry, public place (w		•••••	
18. Funeral director William Cook	Ine	Meane of injury	Injured at work?		
Address St. Paul & Presto		Man a a see			
19. Aug 2 19 48 (Date ref by registrar)	- 1110	23. SIGNATURE H.C. MANAUGH) M. Address. VAH, Fort Howard	D., CHIEF, FRC	7/30/48	

VS A15

PLEASE

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County BALTIMORE	State
City or town	
How long In above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or streel address where death occurred:	Street No. 2029 N. WOLFE ST., (If rural, give LOCATION)
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME CHRISTIAN C.	FRESE 3.(0) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE WIDOWED	20. DATE OF DEATH 2014 26 19.48 21.800 A
6.(b) Name of husband or wife ANNA FRESE	21. LOFATIFY that death occurred on a date above slated; that Lattended deceased from
	July 18 p 48 10 July 26 19 48
7. Birth date of deceased (mo., day, yr.) JAN. 16, 1873.	and that I bet you herry alive on the land 200 19. 4.8
8. AGE: Years Months Days If less than one day	Immedialo Cause of death OURATION
75 6 10min.	Myscardial Degenuation 5 yrs
	Day to
9. Birthplace	UUE TU.
10. Usual occupation	Bue to asterio calina in 10 um
11, Industry or business	P
12. NameCHRISTIAN L. FRESE.	Other conditions Scientific of diner mentan
Z 13. Birthplace GERMANY.	(Include pregnancy within 3 months of death)
13. Birthplace GERMANY. 14. Malden name PHILIPPINA KOCH. 15. Birthplace GERMANY. 16. Informant PECORDS.	Major findings of operations 200 Ofication
2 15. Birthplace GERMANY.	Date of op.
16. Informant PECORDS.	Autopsy results 40 antiposy
Address AUGSBURG HOME. 17. BURLAL Dale thereof 7-29-48.	PHYSICIAN: Please underline the cause to which doubt should be charged statistically.
17	22. VIOLENCE: It death was due to external causes fill in the following;
(Burial, cremation, or removal. Which?) (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location O'DONNELL ST. BALTO, MD.	Market and the second s
18. Funeral director L. HEEMANN + SON.	Means of Injury Injured at work?
Address 6067 HARFORD RD.	25 SIGNATURE Joshug / Chruquet MD
13 7/28 13 x5 HW Halich	// Door gher
13 full state and the s	(/6/1 / (// / so Thilled hely)

WF. DING INK. Supply every item of information carefull. MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WI

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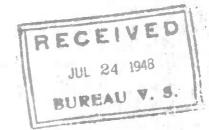
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

M	*	-	•	(1)
		1	1	1
		7	0	V

069632 Reg. Dist. No.

1. PLACE OF DEATH: Beltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County				State Maryland		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Robb Nursing Home; Essex Road How long in hospital or institution?				City or town Towson (If outside city or town limits, write RURAL and give nearest town) Street No. 117 W. Susquehanna Avenue (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAM	E	HAN	INAH KATHERINE G	LBERT	3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Female	White		Single		148 at 10 A	
	0 . 1 . 7		r) If alive, give ageye	ars and that I last saw herealive on Je	e above stated; that attended deceased from 19.5/6, to July 2	
8. AGE: Year		Days	If less than one day	Immediate cause of death	& Steering almy	
10. Usual occupation 11. Industry of busine HIV 12. Name 13. Birthplace 14. Maiden name 15. Birthplace	House Sharles L. Maryle Rose Kerr Maryl	wife t Home Gilber nd		1		
Address 117 17. Buri (Burial, cremation Cemetery or cremat	W. Susqueh al n, or removal. Which ory. Mt.	anna Av Date then Marie	Maryland Ve., Towson, Md. (month) (day) (year) Cometary Maryland Vland Vland Maryland Maryland	PHYSICIAN: Please underline the cause to 22. VIOLENCE: If death was due to externate the cause the caus	to which death should be charged statistically.	



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

163H

CERTIFICATE OF DEATH

(16963₃8

County				(For newborn interest of the state	Towson tside city or town limits. 118 Willow A	ty	rest town)
3. (a) FULL NAM	E	PA	ULINE V. GILL			3. (b) Social Security	Number
4. Sex female	5. Color or race	6.(a)Single	e, married, widowed, or divorced married	20. DATE OF DEATH		RTIFICATION 48	8:00
7. Birth date of	or wifeyr.) June	28, 19	e) If alive, give ageyears	and that I last saw h	19	e stated; fhat I affended dece:	19
8. AGE: Years	Months	Days 7	If less than one dayhrsmin.	asp	Fuxiation	577	
9. Birthplace Mackton, Md. (Town, county, and state) Housewife 10. Usual occupation Housewife 11. Industry or business 12. Name George Cantler 13. Birthplace Md. 14. Maiden name Johanna Lee Md. 15. Sirthplace Md.				Other conditions	de pregnancy within 3 m	onths of death) Dale of op.	
16. Informant Mr. Louis W. Gill Address 118 Willow, Ave., Towson, Md. 17. Burial Date Ihereof (Month) (day) (year) Cemetery or crematory Woodlawn Ceme. Location Woodlawn, Md. 18. Funeral director WM. J. TICKNER & SONS Address Baltimore, Md. 19. Date rec'd by registrar)				PHYSICIAN: Please us 22. VIOLENCE: If deal Accident, suicide, or hor Where did leiery occur? Injured at home, farm, I Meens of Injury	th was due to external cause to whith was due to external cause micide. SLLCIA @ HOTTO (City or town) industry, public place (who	(County) ere?) Injured at work?	y 5, 48 (State)

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BUREAU V. S.

PLEASE

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06965

TE OF DEATH Reg. Diat. No.
2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
2.(a) If veteran, name war.
3. (b) Social Security Number
MEDICAL CERTIFICATION
20. DATE OF DEATH July 16, 19 48 at 5:45 am
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4. 4. 10. 4. 13. 19. 4. 4. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
Immediate game of death Ordering libraries by flatering along Legal discuss of 5 years
Due to
Autopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Msans of Injury Injured at work? 23. SIGNATURE M. D. or other Address. Address. Address.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

469

06966

CERTIFICATE OF DEATH

Reg. Diat. No. 3/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
City and Marrollsville Pural	State Marayland County Sel Luige
(If outside city or town limits, write RURAL and give nearest town)	Marrille Purel
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Marsistevelle Wood	Street Ro Marriella Cad (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Staniglaw Horlender Go	raleuski
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m married	20. DATE OF DEATH. Desling 15 19.85 ag 10 P
6.(b) Name of husband or wife Aslem Jarlensky	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 4 4 years	May 15, 1855, 10 July 18, 19.56 8
7. Birth date of	and that I last saw beneficialize on Tale 12 1348
deceased (mo., day, yr.) 8. AGE: Years Mooths Days If less than one day	Immediate cause of death DURATION
8. AGE: Years Mooths Days If less than ooe day	Carcinomas Joneses
PI	
9. Birthplace (Town, county, and state)	Due 10
10. Usual occupation ar ser les	
11. Industry or Susiness O + O R.R.	Due to
12. Name suplante Solember 13. Birthplace	Other conditions
14. Maiden name tausland romonder	(include pregnancy within 8 months of death) Major findings of operations
N 15. Birthplace	Major manage of operations
16. Informan Mrs Heleis Har lear she	Autopsy results.
Address Manne Alle Pla	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
BITTO BULLIANT	22. VIOLENCE: if death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?) (Burial, cremation, or removal Which?)	Accident, suicide, or homicide
Cemetery or cremetory Hours Losary	Where did injury occur? (City or town) (County) (State)
19.1	(City or town) (County) (State)
Location Par O	Means of Injury Injury Injury Injured at work?
18. Funeral director 772 G	a much at works
Address 930 Easter Wire (Lally	the 9 Mit
" 2/19/ "18 mg 8 m. L.	23 SICHATUPE M. D. or other
19. (Date rec'd by registrar)	Address and allebour not note signed / 5/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	U	Ü	y	U	1	1.1
Reg.	Dist.	N	n.		7	-7-

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:		
	timore			(For newborn infants give residence of mother)		
City or town(1	f outside city or town li	d	RURAL and give nearest town)	State Maryland County		
			and give nearest town)	City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution.	or street address where d	leath occurre	d:			
Vets. Adm. Hospital, Ft. Howard, Maryland			Howard, Maryland	Street No. 1401 Argyle Aven		
How long in bospital	or institution? 92 D	avs	***************************************	2.(a) It veteran, name war		V
3. (a) FULL NA!				2.(b) it veteran, name war		
WILFORD G. GRAY					3. (b) Social Security	Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced				1	1219-03-2891	
Male	Colored		idower	MEDICAL CH	ERTIFICATION	
Meric	COTOLEG	14.	rdowet.	20. DATE OF DEATH JULY 3,	10/18	4
	W. daw			21. I CERTIFY that death occurred on the date abo		
6.(b) Name of husban	nd or witeNV.ILCLOW	er	***************************************			
7. Birth date ot	***************************************	6.	(c) If alive, give ageyears	April 2,		
J. Birth date of deceased (mo., day	yr.) 10-24-9	6		and that I last saw h im alive on July		
8. AGE: Yea		Days	If less than one day	Immediate cause of death		
	(-			Carcinoma of rectum w	ith metastasi	s
	1 8	9	hrsmin.	to liver and lungs.	***************************************	Unknown
9. BirthplaceBa	ltimore, Ma	ryland	1	Due to		
	(Town, e	ounty, and	state)			
10. Usual occupation	Cook Helpe	r	***************************************	Due to.	IE E-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	
11. Industry or busine	255					***************************************
当 to Name Ch	arles Grav			Other conditions none		* *************************************
E	Baltimore,			Other conditions		***************************************
~				(Include pregnancy within 3 m	nonths of death)	
			.			
E 15. Birthniace	North Carol	ina		Major findings of operations		
				Cubetantinia		
			lets. Adm. Hosp.	Autopsy results Substantiated		
Address FO	rt Howard,	Maryla	ınd	PHYSICIAN: Please underline the cause to whi		statistically.
Par Bar	rial	0.1.0	7/2/00	22. VIOLENCE: If death was due to external caus	es, till in the tollowing;	
	rial			Accident, suicide, or homicide	Oate ot	
Cemetery or crema	Baltimo	re Nat	tional Cemetery	Where did Injury occur?(City or town)	***************************************	**************
	Balti	more.	Md.			
Location				Injured at home, farm, industry, public place (who	ere?)	
18. Funeral director	William	Reese		Means of injury	Injured at work?	
Address 708	Washington !	St	nnapolis, Md.	a a ar	20 111-	
•	(4)			23. SIGNATURE	awour	
19. Jul	4 6 19 48	- 2	W. Hellest	C. E. SHAW, M.D. Address VAH, Fort Howard,	M. D. c	or other
(Date pec'd by r	egi trar)		Registrar	Address VAH, Fort Howard,	Md . Date signed	7-3-48

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

06968

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County BASTIMPRE	State MARYLAND County BALTINGRE
City or town (1f outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 7001 PUNMANWAY
SPARROWS POINT BRIDGE	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war WORLD WAR I
3.(a) FULL NAME	3. (b) Social Security Number
ROBERT MICHAEL GR	OGAN
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION (1)
M W MARRIED	20. DATE DF DEATH LULY VV 19. 78 at 1 - M
6.(6) Name of husband or wife ANN GROGAN	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and thet Hast saw halive on
deceased (mo., day, yr.) JANUARY 22 1894	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Solonary Occusion
54 6 —hrsmin.	
9. Birthplace BROOK LYN VEW YORK. (Town, county, and state)	Due to
10. Usual occupation MANA GER SPARROWS PT. BRIDGEC	
	Due to
t1. Industry or business	
E 12. Name MicHAEL GROGAN	Dther conditions
13. Birthplace IRELAND	(Include pregnancy within 3 months of death)
14. Maiden name	
	Major findings of operations
15. Sirthplace	Date of op.
16. Informant ANN GROGAN	Autopsy results
Address 7001 DUNMANWAY	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
11. B. U. 2. A. A. Date thereof JULY 2.6. 1948. (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory HOLY REDEE MER	Where did injury occur?
	Where did injury occur?
Location SALTIMORE	Injured at home, farm, industry, public place (where?)
18. Funerat director. Roland L. Fisher	Means of Injury Injured at work?
7.12.2	(M) Maria ma
Address 2) 12 DUNDALIC HUE. DUNDALIC	23/ SIGNATURE
19. July 2 4 18 48 Skleam M. Kelly W.	Address IIII ark - 2 - 2 - Date signed 1/3/1/8

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BUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.32

	ltimore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland county Baltimore		
City or town			City or town Dundalk (If outside city or town limits	s, write RURAL and give nearest town)	
Branch	. Md.T.B.S	Sanatorium .,5 mos.,24 days	(If rural, give LOCATION)		
3. (a) FULL NAM	Pete	er Gummer		3. (b) Social Security Number . 217-12-5257	
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	Divorced	20. DATE OF DEATH July 14,	1948 Jl:50 i	
		Gummer 6.6 If alive, give age 5.9 years 26, 1882	21. I CERTIFY that death occurred on the date about 15 anuary 20.	ove stated; that I attended deceased from 4.7	
	ars Months	Days If less than one day 18 hrsmin.	Pulmonary Tuber	culosis 6 yrs.	
	Cleane	Mary land	Due to. Tubercle Bac	:1111	
12. Name	Andrew Gur Germany	nmer	Other conditionsNone		
		iller	(Include pregnancy within 3		
16. InformantP.	eter Gumme	l Ave. Dundalk, Md.	Autopsy results		
17Bur	ial on, or removal. Which?)	Date thereof July 17, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external car Accident, suicide, or homicide	Date of	
Cemetery or crematory Holy Redeemer Cemetery			Where did Injury occur?(City or town)		
Location4	430 Belai:	r Rd., Balto., Md.	Injured at home, farm, Industry, public place (w	where?)	
18. Funeral director	Roland F	isher	Meens of Injury	Injured at work?	
Address 122	l Dundalk	Ave., Dundalk, Md.	23. SIGNATURE Stewart 16	Shaffer mis	
19 Jly 7/	141948 registrar)	Hela R. mayor Registrar	Address Mt. Wilson, Md	Date signed 7/14/48	

ADING INK. Supply every item of information carefully. The correctage Physicians: please write the causes of death clearly and legibly. FOR BINDING RESERVED MARGIN

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Diat.	No.		_	_	
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CERTIFICA	Reg. Diat. No.			
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Baltimore			
City or town (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death?	City or town. Catonsville (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:	street No. 6.12 Hatherleigh Road (Ifrural, give LOCATION)			
How long In hospital or institution?	2.(a) If veteran, name war			
3.(a) FULL NAME Kate Haight	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Female White Single	2D. DATE DF DEATH. July 14 19 48 at 7:45 Am			
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
7. Birth date of Table 2007 3 0000	July 12 1948 10 July 12 19 48			
7. Birth date of deceased (mo., day, yr.) July 27, 1877				
8. AGE: Years Months Days If less than one day	Immediate vause of death DURATION DURATION			
70 11 27hrsmin.				
9. Birthpiace	Due to			
11, Industry or business				
Haight 12. Name Andrew J. Haight 13. Birthplace Baltimore County				
14. Maiden name. Rachel A. Griffin 15. Birthplace Baltimore County Virginia Johnson	(Include pregnancy within 8 months of death) Major fiedings of operations.			
Bel timore County	Major hodiogs of operations. Date of op.			
Virginia Johnson				
	Actorsy results			
Address 612 Hatherleigh Road	22. VIOLENCE: If death was due to external causes, fill in the tollowing:			
17. Burial Burial Date thereot July 17-48. (month) (day) (year)	Accident, suicide, or homicide			
(Burial, cremation, or removal. Which?) Cemetery Cemetery	Where did injury occur? (City or town) (County) (State)			
Location Loudon Park				
18. Funeral director Wm. Cook, Ing.	Means of injury Injured at work?			
Address 1217 St. Paul Street	23 SIGNATURE SOD J. Gave M.D			
19. July 15 19 48 a.W. Baliela C. Registrar	M. D. or other			

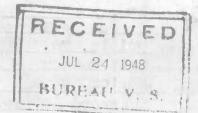
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: CountyBaltimore City or townOWingsMills (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 17 yrs. 10 mos. Hospital, institution, or street address where death occurred: 17 yrs. 10 mos. How long in hospital or institution? 17 yrs. 10 mos. 3. (a) FULL NAME Anita Elizabeth Hall				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Somerset City or town Marion (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number			
4. Sex female white 6.(a) Single, married, widowed, or divorced single					AL CERTIFICATION 22 19.48 at 10.40		
6,(b) Name of husband or wife			If alive, give ageyeare	21. I CERTIFY that death occurred on the date above etated; thet I attended deceased from Long 19 37, to 9 19 47 and that I last saw held alive on 9 19 19 7 Immediate cause of death DURATION			
8. AGE: Years 30	Months	Days 27	If less than one dayhrsmln.	Sudden	Death 4 min		
10. Usual occupation 11. Industry or business 12. Name	G. Ben Foriole, Neta Mac	Rosew Hall Md. Hdox Md.		Other conditions Chassase Mathell Endocatelles 5 To (Include pregnancy within 3 months of death) Major findings of operations.			
Address 17. Burial (Burial, cremation, Cemetery or cremator, Location	Owings Nor removal. Which? St. Pa	Date there ul's Md. Md.	7 25 48 (month) (day) (year)	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Meene of tnjury 13. SIGNATURE. Lackel 14. Cleater 26. M. D. or other			
19. (Date rec'd by registrar) 19. Fogistrar				Address Rose Wood - De	wrife Mills Date signed 7-22-48		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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DURATION 1 mo Indefinite

Reg. Dist. No.

1. PLACE OF DEATH: County Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
				State Maryland County				
City or town								
			lı days	City or town Baltimore (If outside city or town limit	s, write RURAL and give near	rest town)		
Hospital, Institution, or				Street No. 1501 North Carol	ine Street	*********************		
-			pital	(If rural, give LOCATION)				
		inthsa	nd 24 days.	. 2.(a) If veteran, name war				
3. (a) FULL NAME Katherine Hanly					3. (b) Social Security 1	Number		
			(Nat	therine A. Hanly)	None			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced				MEDICAL C	ERTIFICATION			
Female	White	ļ	Single	20. DATE DF DEATH		at 2 35 A.		
6.(b) Name of husband	or wife			21. I CERTIFY that death occurred on the date abo	ove stated; that I attended decea	eed trom		
				December 31, 1947.19	to July 24	19. 48.		
7. Birth date of deceased (mg, day, yr.) Fig. 7. 22 1869				and that I last saw h. @palive onJuly	21	19/18		
R AGE: Years		Days	If less than one day	Immediate cause of death	ll carcinoma	DURATION		
0				left ear; recur ent				
78	IO	2	hrs min.	Carcinoma of the uter	us	Indefini		
9. Birthplace Baltimore (Town, county, and atate)				Rilateral fibro-caseo		***************************************		
				tubercuosis	??			
1D. Usual occupation			***************************************	Old infarct (healed) A*S heart disease "				
11. Industry or busines:		othing						
12. Name Michael Hanly 13. Birthplace Ireland				Other conditions Generalized a	rteriosclerosi	S!!		
13. Birthplace	Ireland				Aba af Jash			
14. Malden name Kat herine Ward				(Include pregnancy within 3 months of death)				
15. Birthplace	Baltimore			Major findings of operations		**********		
16. Informant Hos				Autopsy results as above				
			***************************************	PHYSICIAN: Please underline the cause to w	hich death should be charged s	tatistically.		
Address Cat O	nsville, 2	o, Md.		22. VIOLENCE: It death was due to external cau	ises, till in the following:			
17. Burial	3 7271.7 1.00	Date there	7-27-48					
17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory New Cathedral Cemetery				Where did injury occur? (City or town) (County) (State)				
Location	dmondson A			Injured at home, farm, Industry, public place (w		****************		
1B. Funeral director	George J.	Ruth, I	ic.	Meens of Injury	Injured at work?	Δ,		
	Harford .	Avenue	Belto:Md/	Souls	a Juent, ho			
			1,/	23. SIGNATURE Isadore Tue	rk, M. D.	rother		
19. (Date ec'd by r	1 2619 4	8	i W- Joseph Registrar					
(Date Sec. o by rai	(istrar)		Negistrar A	11 Address	ANNERS Date Signed	4-1- hadafi habh		

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No..

1. PLACE OF DEATH: Parfielle county 7801 Ardmore Avenue				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
79/	17. Ardmo	nue Burnal Balti				ltimore		
City or town Baltimore County - Rural Balti (If outside city or town limits, write RURAL and give nearest town)								-00-
How long in above place of death? Life			City or town Bural Baltimore Particle (If outside city or town limits, write RURAL and give nearest town)					
Hospital, institution, or	street address where	death occurred	l:	Street No. 7801 Ardmore Avenue				
			•••••	1		ral, give LOCATIO	***************************************	
How long in hospital or	r Institution?		······································	2.(a) If veteran,	name war		*************************	, , , , , , , , , , , , , , , , , , , ,
3. (a) FULL NAME						3. (b)	Social Security 1	Tumber
EDWARD CHRISTIAN HEIN				BUCH		21	9-12-789	2
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced					MEDIC	AL CERTIF	ICATION	-57
M	M	Ма	rried	20. DATE DE DEAT	TH Jee	lu 23	19 KF	at A N
6.(6) Name of husband or wife Anna M. Heinbuch				21. I CERTIFY the	at death grourred on the	date above stated;	that altended decea	sed trom
6.(0) Name of nusband	or wite		70	40		19.4	Jest 2	S 19 44
7. Birth date of		5.(c) It alive, give ageyears	and that I last sa	w h. / M. alle on	7/22/	48//	19
deceased (mo., day,)	r.) nec.	66, 10	001	Immediate cause	of death	r	A	DUNATION
8. AGE: Years		Days	It less than one day	Cereb	74	mary	612	(/21/4)
80	7	1	hrsmin.		7)/	7 /	***************************************
9. Birthplace Ba	ltimore,	Md.	state)	Due toler	kriosell	rotert	Partales	******************
			Company		***************************	• • • • • • • • • • • • • • • • • • • •		**********
11. Industry or busines				Due 10	***********			
		inbuch		Diber conditions			•••••	
	Mashingt							
			(Include pregnancy	within 8 months of	desth)			
14. Maiden name	Unkno	beth ?		Major findings o	of operations			
				·····	Date of op			
16. Informant MT	nbuch	Autopsy results	can					
Address 780	Ol Ardmo	re Ave	nue		ease underline the car			itatistically.
Buria.			7/26/48 (month) (day) (year)		It death was due to ex			
17(Burlal, cremation	, or removal. Which	Vate ther	(month) (day) (year)	1	, or homicide,			
Cemetery or cremato	ory Oak L	awn Ce	metery	Where did Injury	occur?(City o	r town)	(County)	(State)
	ltimore.			11	tarm, Industry, public			10***************
		NDER &	SONS, INC.	Means of Injury			Injured at work?	
10. futicial discript	NORTH AV	*************************			11	75 K	5-1) 1
Address	NORTH AV.	E. Or E	TAWAL	23. SIGNATURE:	wal	(c) ()/	adjan	, mi
1 7/20	6 .x8	- 4	W. Hedin	23. SIGNATURE	221 /4	Mull 1	M. D. o	r other
(Date pec'd by re	gistrar)		Registrar	Address	11/100	10101	Date signed	1474

correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservant is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	
	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Dally	
City or town	State Maryland County Bullimore
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1322 maple avenue
1322 Maple avenue	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Edward Grederick	e High 212-07-1132
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male While Married	20. DATE OF DEATH July 14. 1948 at 8:00 P.M
Tillian Man High	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife Additional Add	hely 1944, 107/14 1844
7. Birth date of	and that I last saw Kas alive on 7/14/14
deceased (mo., day, yr.) July 22, 1907	Immediate cause of death
8. AGE: Years Months Days If less than one day	Come to clinion
40 11 22min.	
8. Birthplace Baltimore, Maryland	Due to.
Town, county, and state)	
to. Usual occupation. (assurance)	Due to.
11. Industry or business D. 4 C. R.	
12. Name Edward OF Trigh	Other conditions
12. Name Edward Oth Dight 13. Birthplace Maryland	
A	(Include pregnancy within 8 months of death)
14. Malden name handra tangg 15. Birthplace Maryland	Major findings of operations
15. Birthplace Maryland	Dale ot op
16. Informant Lillian May Stigh	Autopsy results
Address 1,322 Marole leve arbutus	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D 11 19 119	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremstion, or removal. Which?) Date thereof	Accident, suicide, or homicide
	Where did injury occur?
Cemetery or crematory Western Carrettery	(Ord or sound) (County)
Completely or crematory Newscharff Many Land	Injured at home, tarm, industry, public place (where?)
Location Baltimore, Maryland	
Location Balliana & Maryland 18. Funeral direct Letter of Salara &	Injured at home, tarm, industry, public place (where?)
Location Baltimore, Maryland	Injured at home, tarm, industry, public place (where?)

VS A15

Evide	nce	for	additio	on of
date	of d	eath	shown	on:

G

Mill Ho.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06975 Reg. Dist. No. 30

1 1 6 JUL 13 1948 CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)
City or town Colons Col	State MD Sounty BALTO
City or town. (If outside city or town limits, write RURAL and two nearest town)	City or town (If outside city or town limits, write RURAL and give negrest town)
How long in above place of death?	Street No. 3301 Rolling Rd.
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
martha M Hine	
4. SEX 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I w window	2D. DATE OF DEATH Scales 4. 19 4. at
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	May 19.47, to feely 4 19.44
7. Birth date of deceased (mo., day, yr.)	and that I last faw h. Act alive on fully the 19
8. AGE: Years Month Pays If less than one day	Immediate cause of death DURATION
87 6min.	
9. Birthplace Mangland	Due to
(Town, county, and etate)	I by pulling a Cardio Vare Que
10. Usual occupation	Due to.
11, Industry or business	ma har tall
12. Name	Dither conditions.
13. Birthplate Lennough	(Include pregnancy within 8 months of death)
14. Malden name Mangare Bring 15. Birthplace	Major findings of operations.
15. Birippiace delinary	Date of op.
18. Information 18.	Autopsy results
Address 3301 Kolling Rolla	22, VIOLENCE: If death was due to external causes, fill in the following:
11. (Bnrial, cremation, or removal, Which?) (bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremators	Where did injury occur?
To 10. to some made	(City or town) (Connty) (State) Injured at home, farm, industry, public place (where?)
Location Condition of Condition	Means of injury Injured at work?
18. Funeral director.	11 10105
Address Calowille Ma	23. SIGNATURE Shot - Cuffry
19. 7-7 1948 VE Harry	UDOG Robert New War. 1 - by 4
(Date rec'd by registrar) Registrar	Address Date signed

4509 Libert Hey At

JUL 9 1948
BUREAU V. S.

2411 N. Charles St., Baltimore

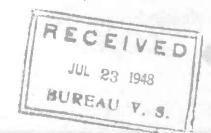
CERTIFICATE OF DEATH

0	6	9	7	6	
				400	

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Lacto:	(For newhorn infants give residence of mother)
	State Mo. Counting dreude
Oily or town	
How long in above place of death?	City or town(If outside city or toyo limits, write RURAL and give nearest town
How long in above place of dealif?	
Hon 1/11/10 1000h	Street No. 106 100 4 14.
Moral Character St. 125000	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
James James No	cand or
A. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Mal Sunla	(bil a 1 110 1
They winge	20, DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended daceneed from
	19. 10
7. Birth date of	years and that I last saw h
deceased (mo., day, yr.) (4184115 15, 1936	
8. AGE: Years Month Days It less than one day	Immediate cause of death
11 the 11 1	
11 +0 11 0hrs.	min. Drowing
Botting Dage Min.	1 4 1 4
9. Birthplace	Due to.
Shidouti	
to. Usual occupation	Due to
11. Industry or business	
Samiel Holland	
12. Name Daviel Not Classia.	Other conditions
13. Birthplace	
5 Bus Bastase	(Include pregnancy within 3 months of death)
14. Maiden name. Levil Coslosio.	Major findings of operations
E t5. Birthplace	
Parial Walland	Date of op,
16. Informant	Aotopsy resalts
Address 42 College College Ten Quencho	PHYSICIAN: Ptease underline the cause to which death should be charged statistically
MARIES PORCES COURT VIDE OF THE PARTY OF THE	VIOLENCE: if death was due to external causes, fill in the following:
17. 1941918 Date thereof. 11/14. 22.19	Accident, sulcide, or homicid Chamber Bate of 2/2/
17(Burial, cremition, or removal. Which?) Date thereof(moth) (day) (year	
Cemetery or crematory A. M.	Where did injury occur? Tunes sta footo
	(City or town) (County) (State)
a sale a sand.	(City or town)
Location ausopolis, Md.	Injured at home farm, industry, public place (where?)
man Charles Winke	(City or town)
18. Funeral director Muse Charles E. Ricke	Injured at home farm, industry, public place (where?)
18. Funeral director May Charles E. Hicke	Injured at home farm, industry, public place (where?)
man Ola has Walke	Injured at home farm, industry, public place (where?)
18. Funeral director Mus Charles E. Hicke	Injured at home farm, industry, public place (where?)

MARGIN RESERVED FOR BINDING



06	97741
 Dist	No.

(If rural, give I	OCATION)	
2.(a) If veteran, name war	3. (b) Social Sec	urity Number
MEDICAL CE 20. DATE DF DEATH TULY	RTIFICATION 19	N 48,1920
21. I CERTIFY that death occurred on the date abov		
and that I last saw halive on		
Immediate caose of death		
STRANGULATION	by have	2006
Due formania		***************************************
Due to		***************************************
Diher conditions	•••••	
Major findings of operations		
Actorsy results	*******************************	**************************************
22. VIOLENCE: If death was due-to external caus	es, fill in the following	7/6/10-
Accident, suicide, or homicide	C Date o	1 / 9 / 7 8
(City or town)	(County)	(State)
Injured at home, farm, Industry, public place (wh	ere?)	7.
Maans of lytury NG Self from	Jose Injured at wor	rk? W
23 SIGNATURE MODE	avro	ms
Alm. mis. Exam	uci, Ost	signed 2/2/K8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06978

	Neg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For provider infants give residence of mother) State
Vets. Adm. H spital, Ft. Howard, Maryland How long in hospital or institution? 11 Days	2.(a) It veteran; name war
2 (c) FILL NAME	2 (h) Social Sagurity Number

fospital, Institution, or street address where death occurred: Vets. Adm. H. spital, Ft. Howard, Maryland flow long in hospital or institution? 11 Days			Street No 69.7. Mulberry St. (If Furel, give LOCATION) 2.(a) It veteran; name war. WW. I				
3. (a) FULL NAM				(1 Marie 7 Marie 1 Mar		3. (b) Social Security	Number
		M. HOI	MES			Unknown	
l. Sex	5. Color or race	5.(4)5ing	te, married, widowed, or divorced		MEDICAL CI	ERTIFICATION	
Male	Colore	d V	lidower	20. DATE OF DEATH	July 19,	1948	1 4:05A
6.(b) Name of husband				21. I CERTIFY that deat July 9,	h occurred on the date abo	ove stated: that I attended decided less to July 19	eased from 1948
7. Birth date of	300		(c) If alive, give ageyears			ly 19,	
deceased (mo., day,) 8. AGE: Years		Days	It less than one day				
58						of the	mm a
50) 9	10	hrs min.	prostate,	with metas	tases.	Unknown
tD. Usual occupation 11. Industry or busines 12. Name MOS 13. Birthplace	Laborer	a nes	atate)	Diher conditions	ide pregnancy within 8 i		
	nical Rec		Vets. Adm. Hosp.		uderline the cause to w	hich death should be charged	statistically.
17. Buria (Burial, cremation Cemetery or cremato	Baltimo	1?)	onal Cemetery	Accident, suicide, or ho Where did injury occur	?(City or town)	uses, till in the following:	(State)
18. Funeral director	Charles 802 Mad	R. Law ison Av	e., Bato., Md.	Means of Injury	.c. mara	Injured at work?	
19. July 2	2 19 2	45 0	A. W. Hedgesh	H.C. M	ANAUGH, M.D	a Chief Pro M. D. Md. Date signed	

PLEASE WRITE

PLEASE WRIT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06979

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH: County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town injuts, write RURAL and give nearest town) Street No. Jif rural, give LOCATION) 2.(a) If veteran, came war.
3. (a) FULL NAME Thinge Holse	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. BATE DF DEATH
8. AGE: Years Months Days If less than one day 20 hrs. min. 9. Birthplace Cheladel Advisor (Towns county, and state)	Bue to. DURATION DURATION DURATION
10. Usuat occupation. 11. Industry or business Returned. 12. Name Annual State Sta	Differ conditions of the state
16. Interment Mus. Multieleurica Schelhaus Address 2817 Eurerald Cre. Balt	Autopsy results
17. City of Committee Comm	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
18. Funeral director Jas. H. Herry Jours Addiss Pellair Road + Neutropy Com 19. 20 1948 Wr. E. Mathy (Dayle rec'd by registrar)	Means of injury Injured at work? 23. STENSTURE AND STENSTURE M. D. or other M. D. or other Address And Allaton M. D. or other Bate signed / 20/4 5

RECEIVED

AUG 2 1948

BUREAU F. S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(16981) Reg. Diat. No. 30

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
UOUNTY	State Maryland County	
City or town. Catonsville (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 16 years, 11 months, 26 days	City or town Baltimore (if outside city or town limits, write RURAL and give near	est town)
Hospital, Institution, or street address where death occurred:	Street No. 2320 E. Chase St.	
Spring Grove State Hospital	(If rural, give LOCATION)	1
How long In hospital or Institution: 16 years, 11 months, 26 days	2.(a) If veteran, name war	<i>V</i>
3. (a) FULL NAME	3. (b) Social Security N	lumber
Mary Hromadnik	do .	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female white windowed	20. DATE OF DEATH July 23 19 18.	.6.05 m
Frank Unamadnik	21. I CERTIFY that death occurred on the date above stated: that I attended decea	
8.(b) Name of husband or wife Frank Hromadnik	July 27 19 31, 10 July 23	
	and that I last saw h. Cr. alive on July 23	
7. Birth date of deceased (mo., day, yr.) 1880		40
8. AGE: Years Months Days If less than one day	Immediate cause of death	24 hou
68min.		
	Due to Following laparotomy	48 hour
9. 8irthplace. Bonemia (Town, county, and state)	Due to P. W. H. H. H. S H. R. P. G. L. V. W. W. M. V.	.uono.ux
1D. Usual occupation housewife	Due to Acute intestinal obstruction	12 hour
11. Industry or business home	Due to AC U.O	.12 110 41
	Other conditions Arteriosclerotic Heart	Indef.
12. Name James Matthews 13. Birthplace Bohemia		*********
	disease (Include pregnancy within 3 months of death)	
14. Maiden name Marie Matthews 15. Birtholace Bohemia	Major findings of operations	
E 15. Birthplace Bohemia	Date of op.	
16. Informant Hospital Records	Autopsy results. NO	
Address Catonsville 28. Md.	PHYSICIAN: Please underline the cause to which death should be charged a	tatistically.
	22. VIOLENCE: It death was due to external causes, till in the following:	
17. Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide	
Cemelery Dely Redence	Where did Injury occur?	
MAZ RUDI		(State)
Location HA & O Delaw, Koad	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Schemeness tuneral Home on	Means of Injury injured at work?	•
Address 2601-3-5-6-Wadeson St.	Tandaya Tuank M d	
7/26 XX 101-11-11-11	23. SIGNATURE ISAGOTE THEFK, M. d. Catonsville 28, Md. M. D. o.	other
19. (Date rec'd by registrar)	Address. Date signed	4 . 4

MARGIN RESERVED FOR BINDING

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	4	4	
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1	>	•	

VS 150

CERTIFICATE OF DEATH 850

06981 Registered No. 3 8

Control of the Contro		
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State Ind. (b) County	
(b) Street address 2809 Hendale are	(a) State MC. (b) County	7
c) Hospital or institution:	(c) Situra town Rollings	ounter
) Frospital of Matterior.	(If outside city or town limits, write RUI	RAL and give town)
	(d) Street No. 2808 Hlendalo	ane:
Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give locatio	
Length of stay in Baltimore (yrs., mos., or days)	(e) Citizen of foreign country?	,
Length of stay in Daltimore (yrs., mos., or days)	If yes, name country	
(a) FULL NAME Robert a . Huch	BAD - THE REAL PROPERTY OF THE PARTY OF THE	1 11 11 11 11
(b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	- 4
No. 2 No. 2	20. DATE OF DEATH July . 12: 194	18 at 4 24 5M
Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above st	
unle. White divorced anarried		
0 01 61	ed deceased from June 18 1948, to	
(b) Name of husband or wife ms. Well & Huc	and that I last saw him alive on Juky 11	
6 (c) If alive, give age year	Immediate cause of death	
irth date of deceased (mo., day, yr.) Oct. 21.1880	Pulmonary Edema	36 hrs
GE: Years Months Days If less than one day		
67. 6 21. hr. min	Due to Apoplexy	24 days
Birthplace Garannaly Georgia		
(Town, county, and state)	Due to Arterio-Scherosis	Long
Usual Occupation Justin ance agent		
Industry or business	Other Conditions	
12. Name Charles Hucks		V
10	- (Include pregnancy within 3 months of death)	PHISICIAN
13. Birthplace ouvarman george	Date of operation.	Underline the
14. Maiden Name & Coreres Uniform	Major findings of operation:	cause to which
	age who are no property or proceedings and a second or construction of the constructio	death should be
15. Birthplace Saronnah Georgia	of autopsy:	tically.
(a) Informant Ones . Aliola E. Hucks	22. If death was due to external causes, fill in the	following:
(b) Address 2808 Hlendale, art.	(a) Accident, suicide, or homicide	*==000000000000000000000000000000000000
	Date of occurrence	at M
(a) Surface (b) Date thereof (day) (year (month) (day) (year	At 1	
(c) Cemetery or crematory Western Gen.	(City or town) (Co	ounty) (State)
(0)	(d) Did injury occur about home, on farm, industri	
Location Baltimore and	place?	ork?
(a) Funeral director Manue Gook. Suffe		
(b) Address 1600 W. North and	(e) Means of injury	Ray or
9 (a) 7-14-48 Maffeling	23. Signature	M. D.
(Date rec'd by registrar) Registrar	Address 1901 Eutaw Place Date s	igned 7/13/41

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) ion carefully. Hospitat, Institution, or street address where death occurred: information of death cle How long in hospitat or institution? 3. (a) FULL NAME 4. Sex BINDING 20. DATE OF DEATH FOR deceased (mo., day, yr.) RESERVED 8. AGE: ARGIN 11. Industry or business (Include pregnancy within 3 months of death) Major findings of operations. PLAINLY is especial PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fitl in the following: Accident, suicide, or homicide..... WRITE Where did injury occur? (City or town) Injured at home, farm, Industry, public place (where?) .. Means of Injury SE 18. Funeral directo

Registrar

(If outside city or town limits, write RURAL and give nearest town) 3. (b) Social Security Number MEDICAL CERTIFICATION

DURATION

2 mos

(County)

P.L.E.

(Date reo'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat. No., time 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) information carefully. The of death clearly and legibly City or town. (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING above stated: fhat I attended deceased from 7. Birth date of deceased (mo., day, yr.) It less than one day Davs 8. AGE: RESERVED (Town, county, and state) 10. Usual occupation. ARGIN 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden name. Major findings of operations...... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide..... Where did Injury occur?(City or town) (County) WRITE friured at home, farm, Industry, public place (where?) fnlured at work? Means of Injury (Date red d by registrar)

25 25 Stb/

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

esistrar's name shown on:	2411 N. Charles St., Baltimore 46
PLACE OF DEATH: AUG 9 - 1948	CERTIFICATE OF DEATH
PLACE OF DEATH: AUG 9 - 1948	2. USUAL RESIDENCE (HOME) OF

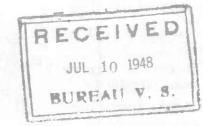
	OI.	DEATH	Reg. Diat. No.
2.	USUA (For	L RESIDENCE (HOME newborn infants give residence	OF DECEASED:
Stat	le	Maryland	County
City	or tow	Odenton (If outside city or town li	mits, write RURAL and give nearest town)
Stre	et No	***************************************	
		(If rural, g	rive LOCATION)
2.(a) If vet	eran, name warPhilipp	oine Insurrection
			3 (b) Secial Section 19

2.(a) If veteran, name warPh111	ppine Insurrection	
	3. (b) Social Security Number Unknown	
MEDICA	L CERTIFICATION	_
20. DATE OF DEATH July 4	19 48 , 24 100) F
June 15 and that I last saw himalive on	tate above stated; that I attended deceased from 19. 48. to July 4. 19 July 4. 19	48
Immediate cause of death CARCJ	NOMA OF THE DURA	TION
CECUM	Unkn	OW
B 4.		*****
Due to		
Due to		
ther conditions		
	hin 3 months of death)	
	-	
rejor manuage of operations	Date of op	
utopsy resultsNONO.	Bate of op	
HYSICIAN: Please underline the cause	to which death should be charged statistically.	
2. VIOLENCE: If death was due to extern	al causes, fill in the following;	
ccident, sulcide, or homicide	Date of	
here did injury occur?(City or to	wn) (County) (State)	•••••
jured at home, farm, Industry, public plac	e (where?)	******
eans of Injury	Injured at work?	

City or town Fort Howard, Maryland
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?...19 days Hospital, institution, or street address where death occurred: VAH Fort Howard, Maryland How long in hospital or institution? 19 days 3. (a) FULL NAME ROBERT G. INGERSOLL 6.(a) Single, married, widowed, or divorced Male White Married 6.(b) Name of husband or wife Emma Ingersoll 7. Birth date of deceased (mo., day, yr.) 9/10/80 8. AGE: Months Days If less than one day 67 10 25 9. Birihplace Brockton, New York
(Town, county, and state) 11. Industry or business 12. Name Joseph Ingersoll
13. Birthpiace England 14. Malden name Emma Breda 16. Informant Clinical Records, Vets. Adm. Hosp. Fort Howard. Md. Address 17 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Epiphany Cemetery Location Odenton Maryland 18. Funeral director... Thomas W. Singleton Address Glen Burnie, Maryland (Date rec'd by registrar)

Evidence for addition of

Registrar Address VAH FORT HOWARD, MARYLAND Date signed......



PLEASE

A15 SA correct age

MARYLAND STATE DEPARTMENT OF HEALTH

A AAAA B AAA		
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100		

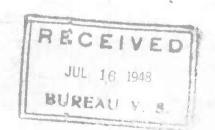
N. Charles St., Baltimore	U
FICATE OF DEATH	D. Di . N

CERTIFICAT	TE OF DEATH Reg. Diat. No. 33
1. PLACE OF DEATH: County County Clify or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospitat, institution, or street address where death occurred: Tut. Cleaseut Banelouum How long in hospital or institution? Medium Turch 10, 1948	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town Ballings (If outside city or town limits, write RURAL and give nearest town) Street No. 2019 East Ballings (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Jacob Jamant	3. (b) Social Security Number 218-10-9398
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Insured	MEDICAL CERTIFICATION 20. DATE OF DEATH July 26 19 48 21 / 2 74 M
6.(b) Name of husband or wife Lora Someth 6.(c) It alive, give age 32 years 7. Birth date of deceased (mo., day, yr.) Tebrusy 27, 1915 8. AGE: Years Months Days If less than one day 33 5 29 hrs. min.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 6 to July 26 18. 8 and that I last saw h man alive on July 26 DURATION Immediate cause of death DURATION Due to Mulescy Subsecutors 5 months
10. Usuai occupation	Due to Dubliculous Franciques 7 weeks.
13. Birthplace 14. Malden name Janne Stemberg 15. Birthplace 16. Informant Eva Jonnait	Dither conditions (Include pregnancy within 3 months of death)
Addregs 2019 East Boltimore 4. 17	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral directs Address Z (Co Eutaro Place) 19. (Date rec') by registrar) 19. Registrar	23. SIGNATURE G. Rubhll MD Address Dewterstorm Ind. Data signed 7/26/X 8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF EATH County	2. USUAI, RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, wwite RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veleran, name war. 3. (b) Social Security Number
4. Sex (5/Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL/CERTIFICATION
male white single	20. DATE DE DEATH. SULY 9 48 31 9 5 M
	21. I CERTIFY that seath occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife	JN3 9 10 48 10 19
7. Birlh date of	and that I last saw halive on
deceased (mo., day, yr.) Jan. 28th, 1928 8. AGE: Years Months Days It less than one day	Immediate cause of death
20 5 11min.	Gradul Day Stall
9. 8irihplace	Other conditions (Include pregnancy within 3 months of death)
14. Malden name Gertrude Alder 15. Birthplace Baltimore, Md.	Major findings of operations
	Date of op.
16. Informant Mr. Roy L. Jenkins	Antopsy results
Address Summit Ave., & Hilltop Drive	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. burial Bate thereof 7/13/18 (Burial, cremation, or removal, Which?) Cemetery or crematory Parkwood Location Baltimore, Md. 18. Funeral director Lassach June 1 House	22. VIOLENCE: If death was due to external cadses, fill in the following; Accident, soleide, or homitide. Where did injury occur?
Address 7401 Belair Rd. 19. Opto rec'd yr registar) Address 7401 Belair Rd. 19. Opto rec'd yr registar)	23. MGNATURE MORE MAD. Address Address Made State 7/9/48



WRITE

PLEASE

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

County. B. Altinocity or town limits, write RURAL and give nearest town) How long in above place of death?	County
3. (a) FULL NAME	3. (b) Social Security Number
lesse files	499-14-7353
4. Sex 5. Color or race 6.(a)Single, married widowed, or divorced	MEDICAL CERTIFICATION
male col. sejessateduley	20. DATE OF DEATH July 6 19 48, 21 6 3 6
6.(b) Name of husband or wife Della Mc Cauley 5.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.48 to 19.48 and that I last saw h. Land alive on
deceased (mo., day, yr.) 3/10/66	Immediate cameyof death
o. Auc.	Layocarditio - 244
9. Birthpiace. B. ethney alabama (Town, county, and state)	Due to Chronic Replicitio -
10. Usual occupation	Due to
E 12 Name Meils files	Other, conditions Odura -
13. Birthplace Olabama	·
	(Include pregnancy within 3 months of death)
14. Maiden name Martha Mc Prestry 15. Birthplace alabama	Major findings of operations.
0 11. 0 1 11 0. 7	
18. Informant Baltimore County Home Rejectes	Autopsy results
Address Lethe Maryland	22. VIOLENCE: If death was due to external causes, till in the tollowing;
17. Berial (Burial, cremation, or removal, Which?) 18 (Burial, cremation, or removal, Which?) 19 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Batting Camby Forme Camby	Where did Injury occur? (City or town) (County) (State)
Location Lefte ma	Injured at home, farm, Industry, public place (where?)
18. Funeral director Landon, M. Brooks	Maans of Injury Injured at work?
Address Spark's . md.	Wilmen to Quest M.D.
19. 7/4 19 48 Ory 9. lehiloud. Registrar	23. SIGNATURE M. D. or other M. D. o

RECEIVED

JUL 13 1948

BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

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Registered Na. 0.3.0.3.

0	1, PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
3	(a) Baltimore Cy, Maryland	Ma
- E		(a) State Md • (b) County
1s	(b) Street address Clark Lane- Mt. Washingto	(c) City or town Baltimore
J.	(c) Hospital or institution:	(C) City or town
JA N		(d) Street No. Clark Lane-Mt. Washington
are		(If rural give location)
le le	(d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) Citizen of foreign country? (Yes or No)
be	(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country
ald all		
information should be carefully of death clearly and legibly.	3 (a) FULL NAME George B. Joyner	
lea lea		MEDICAL CERTIFICATION
ior		-citte golding ich in hill gegetzen in gewinnen gehabt in den den den den den den den den den de
ath	110.	20. DATE OF DEATH July 30, 1948, at 10:1M
de	4. Sex 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that lattende
nfo	Male Colored divorced. Married	ed deceased from Dovin, 27 1940, to July P01940,
es i		and that I last ow h alive on 2919 19
em of i	6 (b) Name of husband or wife Vinnie Joyner	
ca	6 (c) If alive, give age years	Immediate cause of deather Duration
y item the cau	7. Birth date of deceased (mo., day, yr.) Feb. 17, 1899	Carehrol Thrombours 4 day
Every write th	8. AGE: Years Months Days If less than one day	7
rit	49 5 1413hr. min.	Due to Denerged Printered America
		Q
INK.	9. Birthplace Mc Tyre, Georgia	Due to
IN	(Town, county, and state)	Due to
UNFADING Physicians: p	10. Ostai Occupation	1 2 1 Letter Vocable - EURANI
NI ns	11. Industry or business	Other Conditions
Disia	12. Name Jessie Joyner	(Teclude pregnancy within 3 months of death)
F	E DIVINE ALE PRODUCTS TO BE A CONTROL OF THE PRODUCTS OF THE P	Date of operation
Ne	13. Birthplace Georgia	Major findings of operation: cause to which
	14. Maiden Name Laura A. Joyner	death should be
it.	The state of the s	charged statis-
WI	\$ 15. Birthplace Georgia	of autopsy: tically.
TE PLAINLY, WITH especially important.	16 (a) Informant Mrs. Vinnie Joyner	22. If death was due to external causes, fill in the following:
LY In	(b) Address Clark Lane	(a) Accident, suicide, or homicide
ZZ		(b) Date of occurrence at M
Alla	17 (a) Burial (b) Date thereof Aug. 3.194 (month) (day) (year)	(c) Where did injury occur?
PI	(Burial, cremation, or removal) (month) (day) (year)	
Edga	(c) Cemetery or crematoryMtCalvary	(d) Did injury occur about home, on farm, industrial place, in public
RITE is esp	Location Baltimore, Maryland	place?
W R	18 (a) Funeral director Charles R. Law	(Specify type of place)
E W	18 (a) Funeral director. Mild 15 2 10 10 15 18 18	(e) Means of injury
SE	(b) Address 802 Madison Avenue	23. Signature
EA	19 (a)	2/2 Edwardow or 35/
PLEASE W	19 (a) Registrar (b) Registrar	Address / W/ / Date signed
-		

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VS A15

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MARYLAND :	STATE	DEPARTMENT	OF	HEAL.
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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

TH 1860

U6989 Reg. Dist. No. 30

County		nore	(0000000000000000000000000000000000000	2. USUAL RESIDENCE (HOME (For newborn infants give residence)		
City or town(If o	caton	swille	RURAL and give nearest town)		County	
How long in above place Hospital, institution, or Sprin	of death? 1 street address where g Grove S	month, death occurre tate H	·28° days	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 312 Holliday Street (If rural, give LOCATION)		
3. (a) FULL NAME		0	41		3. (b) Social Security Number	
6 Car	5. Color or race	Roy 6.(4)Sing	Keefer le, married, widowed, or divorced	MEDICAL	CERTIFICATION	
male	white		married		10 19 A/ 8, at 1/555 A M	
6.(b) Name of husband					o above stated; that I attended deceased from	
	7 J 2	6.(c) If alive, give ageye		19. 19. 19. 19.	
8. AGE: Yeara	Months	Days 7	If less than one day		Registed Tomito 20 min	
			Maryland state)		Jenstelage Plus	
11. Industry or business				Due to		
	India	n Spri	fer ngs, Maryland ry	(Include pregnancy within	n 3 months of death)	
15. Birthplace	India	n Spri	ngs, Maryland	Sübdural (D.D.Ca	ples, /Per 1. ruerk)	
16. Informant			cords -28, Maryland	Autopsy results.	o which death should be charged statistically.	
17	or removal, Which? y Spring Control atonsville Spring Gr atonsville	Date there is 28, Marove St. 28, Marove St. 28, Marove St.	August 20, 19 (month) (day) (year) State Hospital [aryland [aryland]	Where did injury occur? (City oytoo Injured at home, farm, industry, public place Means of Injury Traped of D. D.	Date of July 9 45 8. (County) (State) (where?) Star Hoof (Spr. 15.)	
19. 8-20 (Date rec'd by reg	19 46	08	Horry Registr	ar Address Reisterston	M. D. or other 7-12-48	

THE RESPECTANCE OF ANY OWNER, AND AND ADDRESS OF THE PARTY OF THE PART

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interests of the second of the second of the second of

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AUG 23 1948

BUREAU Y. S.

ADING INK. Supply every item of information carefully. The copysicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

HEALTH 1248

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CERTIFICATE OF DEATH

eg. Dist. No. 44

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Balt						
City or town				State Maryland Court Cily or town Bal timore (If outside city or town limita	, write RURAL and give near	reat town)
Vets. Adm. Hospital, Ft. Howard, Maryland			oward, Maryland	Sireel No. None given (If rural, give	LOCATION)	/
How long in hospital or institution?				2.(a) If veteran, name war		
3. (a) FULL NAM					3. (b) Social Security 1	Vumber
0.(0, 1 - 1 - 1		J.TAM A	. KELLERMAN		Unknown	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White		Single	20. DATE OF DEATH. July 24,		7:58 A.
6.(b) Name of husband	Sing	Le		21. I CERTIFY that death occurred on the date abo		
6.(0) Name of husband	or wire			July 19, 19	48 to July 24,	848
7. Birth date of			c) It alive, give ageyears	and that I last saw h.imalive onJul;	y 24,	848
deceased (mo., day,)	yr.) 10-22-	L099		Immediate cause of death		DURATION
8. AGE: Years		Days	if less than one day	CIRRHOSIS OF LIVER	***************************************	Unknown
48		2	hrs min.			***************************************
9. BirthplacePhi	lladelphia (Town,	Pa.	state)	Bue toUnknown.		
1D. Usual occupation	Unemploy	red		Rue to	***************************************	
11. Industry or busines	\$			bue to		,
and the same of th		Llerman		Other conditions None		***************************************
programme and a second	Philadelph				00-000144040000	
the second of th				(Include pregnancy within 3 m		
HLOW 14. Malden name.	Pennsylva			Major findings of operations		
110000000000000000000000000000000000000	inical Reco		letsAdmHosp	Autopsy results Substantiated PHYSICIAN: Please underline the cause to wh	Above	statistically.
Address				22. VIOLENCE: If death was due to external cau		
17. Removal	, or removal. Which?	Date ther	eof 7-25-48 (month) (dsy) (year)	Accident, sulcide, or homicide	Date ot	
			Cemetery	Where did Injusy occur?(City or town)	(County)	(State)
	Thomas J	Danks		Injured at home, tarm, Industry, public place (wi		
LocatioWhite	Horse Pike	Stor	e Rd., Laurel Springs, N.J.	Manus of injury 4 5	Injured at work?	
18. Funeral director	Howard W.	BINghi	Springs, N.J.	. 0.0	20	
Address 6009	Harford 1	Rdo B	Ito., Md.	23. SIGNATURE QUAL	1 Voer	
	29 184P	117	resu L. Parber	VAH Fort Howard		7-24-48
(Date rec'd by re	egistrar)		Registrar	Address	nate signed	

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JUL 30 1948
BUREAU V. 3.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
			***************************************	state Maryland county Baltimore	
City or town	one Leigh	nita. write l	RURAL and give nearest town)	State County DCL OTHOTE	*****************
How long in above place of death? 6 Years			out and give nearest town;	City or town Stoneleigh (If outside city or town limits, write RURAL and give neare	**************************************
Mospital, institution, or st	treef address whora d	eath occurre	đ:	Street No. 6905 Marlborough Road	et wan,
6905 Marlborough Road				(If rural, give LOCATION)	
How long in hospital or institution?				2.(a) If veteran, name war	
3. (a) FULL NAME				3. (b) Social Security N	umber
	Rosa	May	King e, married, widowed, or divorced		
4. Sex	5. Color or raca	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	White	Ä	Single	28. DATE OF DEATH July 6th 19 48,	1:26A
				21. I CERTIFY that death occurred on the date above stated; that I attended decease 6 - 2 8 19.48 to 7-	ed from
7. Right date of			c) If allve, give ageyears	and that I last saw her alive on 7-5	. 48
deceased (mo., day, yr.)	August	13t	n, 1887	Immediate cause of death	DURATION
8. AGE: Years	Monthe	Days	If less than one day		6-7mes
60	10	23	min.	Sineral metastines	***************************************
Richalose	Baltimo	re 1	/d .	Buo to Passin any Concin some 7	******************************
\$. \$ t (n p) 2 c c	(Town, c	ounty, and	Id.	breust 5 years ago.	
10. Usual occupation	At hom	le		Bus to	************************
11. Industry or business				890 10	***************
E 12 Name Al	onzo J.	King	***************************************	Dther conditions	
12. Name Al (13. Birthplace B8	altimore	D.M.	•••••••••••••••••••••••••••••••••••••••		
66	Ada W	Revmo	าได้ย	(Include pregnancy within 3 months of death)	
E 14. Malden namo	*************************			Major findings of operations.	
15. Birthplace	Baltim	ore,	Md.	Bate of op.	• •••••
18 Informant Mrs.	Espey		••••••••••••••••	Antopsy results	
	05 Marlb			PHYSICIAN: Please underline the cause to which death should he charged str	
	rial			22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or	r removal. Which?)	Date then	(month) (day) (year)	Accident, suicide, or homicide	\$8 000
Cometery or crematory Druid Ridge				Whore did injury occur?	
	0 1		Md.	Injured at homo, farm, Industry, public place (where?)	
18. Funoral director	e-/ern	M X	esumon	Moans of Injury Injured at work?	
	ll Park			22 SIGNATURE). I Sellman MS	
			(/	LU: VIVIAIVIL:	other
19. (Date rec'd by regis	7 19 48 trar)		W. Hedrish Registrar	address Bul Tunacher Joussen Bate street	L6 1948

BINDING

FOR

ARGIN RESERVED

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1. PLACE OF DEATH: County Baltimore

3. (a) FULL NAME

Male

deceased (mo., day, yr.)

8. AGE: Years

1D. Usual occupation... 11. Industry or business

14. Maiden na 15. Birthplace

Address

18. Funeral director ...

Address

7. Birth date of

4. Sex

How long in above place of death? 1 Days Nospitat, Institution, or street address where death occurred:

How long in hospital or Institution? 1 Day

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEAT	LI

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2. USUAL RESIDENCE (HOM (For pewhorn infants give reside	IE) OF DECEASED:	1
(For rewhorn infants give reside	ence of mother)	
state Maryland	County	
City or town Baltimore (If outside city or tow	n limits, write RURAL and give ne	areat town)
VAV	ere Avenue al, give LOCATION) V-2	
2.(a) If veleran, name war	1-2	
	3. (b) Social Security	Number
	Unknown	
MEDICA	L CERTIFICATION	
		33.55
20, DATE OF DEATH July 20,		
21. I CERTIFY that death occurred on the July 19, and that I last saw h imalive on	19 48 to July 20	19.40
Infarct, brain ste		

Due to		
Due to	***************************************	

Other conditions		
	ithin 3 months of death)	
Major findings of operations		*****************
Colorban	Date of op	
Autopsy results DUDSTANTIA PHYSICIAN: Please underline the cause	ated above.	statistically.
22, VIOLENCE: If death was due to extend		
22, VIOLENCE: IT death was due to extended		
Where did Injury occur?(City or	town) (County)	(State)
lained at home farm Industry, public I	place (where?)	
infinice of morne; rainit menerali bee e i		

information carefully. Yne correct of death clearly and legibly. ADING INK. Supply every i

PLEASE WRITE

(Date rec'd by registrar)

Burial (Burial, cremation, or removal, Which?)

Fort Howard
(If outside city or town limits, write RURAL and give nearest town)

6.(a) Single, married, widowed, or divorced

Married

If less than one day

Vets. Adm. Hospital, Fort Howard, Maryland

PAUL K. KLAESIUS

Mabel Klaesius

White

9-4-1899

10

E 12. Name Carl Klaesius

13. Birthplace Iorraine, France

14. Maiden name Amelia Wagner

Baltimore, Md.

Baltimore, Md.
(Town, county, and state)

Candy Corporation

18 Interment Clinical Records, Vets, Adm. Hosp. Fort Howard, Maryland

Cemetery or crematory Baltimore National Cemetery

Leonard J. Ruck

Baltimore, Md.

Baltimore, Maryland

H.C. MANAUGH, M.D. Chief Pro M. Services

Registrar Address VAH Et. Howard Md. Date signed 7-27-1-8

VS A15

19. (Date redd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06993

CERTIFICATE OF DEATH

CERTIFICAT	Reg, Diat. No.		
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
How long in above place of death?	State Maryland County Baltimore City or town Catonsville (If outside city or town limits, write RURAL and give nearest town) Streef No 5921 Montgomery Road (If rural, give LOCATION)		
How long in hospital or institution? Home	2.(a) If veleran, name war		
3. (a) FULL NAME Grace Knickman	3. (b) Social Security Number		
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Female White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH July 4 19. 48 31.5:45 P.		
6.(b) Name of husband or wide	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from The state of the state of death occurred on the date above stated; that I attended deceased from 19		
9. Birthplace	Due to Halano Sclonore Luknor Due to Luknor Due to Luknor Dither conditions Denne plages , left. 8 day.		
13. Birthplace Baltimore 14. Maiden name Mary Dixon 15. Birthplace Baltimore 16. Informant Mr. James L. Jones	(Include pregnancy within 3 months of death) Major findings of operations.		
Address 5921 Montgomery Road 17. Burial (Burial, cremation, or removal, Which?) Date thereof (month) year 948	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory Loudon Park Cemetery Location Baltimore, Maryland	Where did Injury occur?		
18. Funeral director	33. SIGNATUR Tephen lea Magney 14. Z Address at about 16 mg Date signed 7-5-4.8		

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: 3ASTO	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State MD County BALTO
City or town (If outside city or town limits, write RURAL and give nearest town)	FCSEX
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or streef address where death occurred:	Street No. 1414 EASTERN AVE RD
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
S.(a) FOLL NAME LENA. A KRAFT	o. (b) Bottar becamely frameer
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEM WHITE WIDOW	20. DATE OF DEATH JULY - 25 19 48, 21 415 PM
6.(b) Name of husband or wife CASPER KRAFT	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	August 1846, 10 July 25 18 48
7. Birth date of	and that I last saw h. E. R. alive on July 27 19 4 8 19
deceased (mo., day, yr.) /ARCH 15 - 1876	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Z YAY
73hrs,min.	Repetergers heart dreams [8/30/45 ale)
BALTOMA	11
9. Birthplace (Town, county, and atate)	Due to 17.4 ft & A. C. a. d. 1.4
16. Usual occupation HOUSE WORK	***************************************
11. Industry or business AT HOME	Due fo
ie -	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. /VOT /KNOW N. 15. Birthplace	
W 15 Rithniage	Major findings of operations.
	Date of op.
16. Informant / SHTHERINE HENDERSON	Autopsy results
Address 1414 EASTERN AVE RD	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
	22. V10LENCE: If death was due to external causes, fill in the following;
17 SURIA Date thereof 7-28-48 (month) (day) (year)	Accidenf, suicide, or homicide
Cemetery or crematory HOLY KEDEEMER	Where did injury occur?
Location BELAIR. RD	Injured at home, farm, industry, public place (where?)
Bear 10 yts D. 1	Means of Injury Injured af work?
18. Funeral director of the things of the second of the se	7 1.1 1
Address / 2/ 5 VEST S	23. SIGNATURE / Com Mayley Ma
19. (Date fee'd by registrar) 19 XS YW Heelifel	23. SIGNATURE M. D. or other Address 815 Ea, TEAN NE Bate stened 7/36/48



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

County City or town	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME Color or race S. (a) Single, married, wilddyed, or divorced S. (b) Name of husband or wife Color or race S. (a) Single, married, wilddyed, or divorced Denote Color or race S. (a) Single, married, wilddyed, or divorced Denote Color or race S. (b) Name of husband or wife Color or race S. (c) Name of husband or wife Color or race S. (a) Single or divorced MEDICAL CERTIFICATION 1. 40 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	County 9.1	
How long in above place of death? Hospital, Institution, or street address where death occurred: Street No	City or town	B At .
Hospital, institution, or street address where death of curred: Street No. 3.33 Charles of five Location		City or town
How long in hospital or institution? 3. (a) FULL NAME Colorie of Correct S. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 1. 4. Sex S. Color or race S. (a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 2. (b) Name of husband or wife Market States	Hospital, institution, or street address where death occurred:	
3. (a) FULL NAME Cololie of Corlo-fittleton 3. (b) Social Security Number 4. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced MEDICAL CERTIFICATION 1.40 Denote mit Mich Mi		(If rural, give LOCATION)
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced MEDICAL CERTIFICATION 11.40 Dennale Mark 1 Acolor 20. DATE OF DEATH Mass. July 5 18. S. ot 5. 20. DATE OF DEATH Mass. July 5 18. S. ot 5. 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	How long in hospital or institution?	2.(a) If veteran, name war
4. Sex 5. Color or race 6.(a) Single, married, widdyed, or divorced MEDICAL CERTIFICATION 1.40 Sex 5. Color or race 6.(a) Single, married, widdyed, or divorced MEDICAL CERTIFICATION 1.40 Sex 5. Color or race 6.(a) Single, married, widdyed, or divorced MEDICAL CERTIFICATION 1.40 Demode Mine of husband or wife Medical Sex 1.40 Sex 5. Color or race 6.(a) Single, married, widdyed, or divorced MEDICAL CERTIFICATION 1.40 Demode Mine of husband or wife Medical Sex 1.40 Sex 1.40 1.40	3. (a) FULL NAME	3 (b) Social Security Number
Shemale Mite Wisdow 20. DATE OF DEATH Many July 5, 14 8, at 12 50 10. (b) Name of husband or wife I altered deceased from	Coldie of Clork	Fittleton
6.(b) Name of husband or wife Walter & fittleton 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	4. Sex 5. Color or race 6.(a) Single, married, widdwed, or divorced	MEDICAL CERTIFICATION //.40
6.(O) Name of nusband of Wite	nemale White Widow	20. DATE OF DEATH Many July 5 1948 at 15 50 N
	8 (b) Name of husband or wife Walter & Littleton	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
19		
7. 8irth date of 6 4 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7. 6irth date of	and that I last saw halive on
deceased (mo., day, yr.) Jet deceased (mo., day, yr.) DURATION		Immediate cross of death. DURATION
8. AGE: Years Months Days If less than one day Ay bullian Cardin - Vacular	8. AGE: Years Months Days If less than one day	1 Sypullian Cardin - Vacular
1 4 23min. N Wspast -	// 4 23min.	N Wagner y'
9. Birthplace Caroline Co., mg. Deete V) Chronie My orandets.	8. 6 irthplace (Town, county, and state)	Doeto V) Chronic My orandets.
10. Usual occupation at Some	10 Hard securation At House -	
Uue to		Due to
11. Industry or business		
12. Name 12. Name 12. Name 12. Dther conditions	12. Name 12. Name	Other conditions
		(1- lade recompany within 2 months of doub)
14. Maiden name	14 Maiden name & Pholeeth Husbards	
14. Maiden name (Include pregnancy within 3 months of death) Major findings of operations. Date of op.	6	Major findings of operations.
Date of op.	21 15. Birthplace of my man and a second	Date of op.
16. Informant A of eat of Carlo Actopsy resolts.	16. Informant A overt of Kara Company	
Address 30 10 Ledon creat and . Idagenere 19 md.	Address 30 10 Ledoncrest live. Folgemere 19	
Address 30 10 O Colon CRAT We . Long there 19, 22. VIOLENCE: If death was due to external causes, fill in the following:	Thun be lust 194	10
Date thereof (day (year) Accident, suicide, or homicide.	(Burial, cremation, or removal Which?)	Accident, suicide, or homicide. Date of
Cometery or crematory County) (County) (County) (County) (State)	Cometery or crematory & Radon Hour Cong	(County) (State)
Location R C Co. M. d- tnjured at home, farm, Industry, public place (where?)	Location Ra Co. had-	tnjured at home, farm, Industry, public place (where?)
18. Funeral director A format Means of Injury Injured at work?	10 Europa dispotes By April round Evran	Means of tnjury Injured at work?
Address / 400 5 Charles St. Batt 30 mg. Mary MA.	116 6 60 0 00 00 00 00 00	on MBDavrom D.
19. July 6.19 98 a. W. Helice Light hed. warmen Backey, Mr.	19 July 6,0 48 a. w. Helica	wife hes. aranus sacro of they
(1) at rec'd hyfegistrar) Registrar Address Address	(latte ree'd hy begistrar) Registrar	Addross A.) A.

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	06997	
eg, Diat	No. 41	

			Neg. Dist. 140.		
1. PLACE OF DE			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
City or town Mary	land	mits, write RURAL and give nearest town)	State Maryland County County		
		mits, write RURAL and give nearest town)	City or lownTOWSON		
How long in above place Hospital, Institution, or	of death?	death occurred:			
Vets. Adm. Hospital, Ft. Howard, Maryland			Street NoLOOVirginiz Avenue		
		days	2.(a) II veteran, name warWWT		
3. (a) FULL NAM			3. (b) Social Security	Number	
				21dmoct	
DANLEI 4. Sex	LOGAN 5. Color or race	8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	Colored	Single	20. DATE OF DEATH. July 11 1948.		
6.(b) Name of husband	or wife Singl	C	21. I CERTIFY that death occurred on the date above stated; that I attended dec		
			June 24 1948 10 July 11	•	
	no April 8		and that I last saw himalive onJuly 11	1948	
		Days If less than one day	Immediate cause of death		
0. 7.02.			PULMONARY TUBERCULOSIS	Unknown	
63	3	3min.		***	
9. BirthplaceRi	chmond, Vi	rginia county, and state)	Due Io		
10. Usual occupation.	Constructi	on work		**	
11. Industry or busines			Due to	***************************************	
-41				**	
	Wirginia		Dither conditions	***************************************	
			(Include pregnancy within 3 months of death)		
14. Maiden name	EmmaGiles		Major findings of operations		
14. Maiden name 15. 8irthplace	Virginia		Date of op		
16. InformantGlin	ical Recor	ds, Vets.Adm.Hosp.	Antopsy results. Substantiated above. PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
	Howard, M		22. VIOLENCE: It death was due to external causes, till in the following:		
17. Bu	rial	Oate thereof July (day) (year)	Accident, suicide, or homicide		
	Diahma	nd National Cemetery			
Cemetery or cremat	VI)	mond, Va.	Where did injury occur?(City or town) (County)		
Location	ILLUIL	morac, va-	Injured at home, farm, industry, public place (where?)		
18 Funeral director	Chanle	s.R. Law	Means of tnjury tnjured at work?		
		Ave., Balto., Md.	No local L		
Address	THE MANAGEMENT	EV ACO I	23. SIGNATURE H.C. MANAUGH, M.D. Chief Pro	or Other	
19.	3 19	Registrar	H.G. MANAUGH, M.D. Chief Pro	"Ser.	
(Date rec'd by re	egistrar)	Registrar	Address VAH Rt. Howard Md Date signed	(-12-48	

RITE

Maryland 2411 N	State	Dept.	of	Healt Ltimo	h re
CF	RTIFIC	ATE O	F DE	ATH	111

Md. Registered No.

2. USUAL RESIDENCE OF DECEASED

PHYSICIA .

Underline 1

death should b-

charged statis-

Citizen of foreign country?

If yes, name country.....

MEDICAL CERTIFICATION 20. DATE OF DEATH CO 21. I certify that death occurred on the date above stated; that I attended deceased from O July 1948 to lenly 215 1948 and that I last saw held alive on 749 Immediate cause of death Other Conditions Date of operation..... Major findings of operation: of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide.....

(Include pregnancy within 3 months of death)

(b) Date of occurrence......

(c) Where did injury occur? (City or town)

(d) Did injury occur about home, on farm, industrial place, in public While at work?

(Specify type of place)

(c) Means of injury.

3. Signature

information should be carefully of death clearly and legibly. (d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Weeks (e) Length of stay in Baltimore (vrs., mos., or days): 3 (a) FULL NAME 3 (b) If veteran, name war 3 (c) Social Security/Account 5. Color or race 4. Sex 6 (a) Single, married, widowed, or divorced. 6 (h) Name of husband or wife Every item write the cau 6 (c) If alive, give age 7. Birth date of deceased (mo., day, yr.) Max. 5 8. AGE: Months INK. 9. Birthplace .. 10. Usual Occupation. UNFADING Physicians: II. Industry or business 12. Name. 13. Birthplace 14. Maiden Na 15. Birthplace 14 Maiden Name 16 (a) Informant (b) Address especially month) (lay) (year)

(c) Cemetery or crematory.

Location 4

VS 150

18 (a) Funeral director

I. PLACE OF DEATH: (a) Paltimore City Maryland

(b) Street address. Q

(c) Hospital or institution: Marie armaen

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Sparrow's Point	Slale Maryland County Baltimore
	City or lown Sparrow's Point (If outside city or town limits, write RURAL and give nearest town)
How tong in above place of death? 25 years Hospital, institution, or street address where death occurred:	605 E. Street
605 E Street	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Bertha May Mahaney	
4. Sex Female 5. Color or race 6.(a) Single, married, wildowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. July 3/ 1948 at 10 A M
6.(b) Name of husband of wife William E. Mahaney	21. I CERTIFY that death occurred on the date above slated; that I attended decreased from
7. Birth dale of September 27, 1876	and the last saw helt alive on July 3/15/1 19.1/18
account (mod mal les	Immelien cause of death
8. AGE: Years Months Days If less than one day 10 4	in. Congistate Ment failure S'hio
9. Birthplace York, Pennsylvania	Due to Colismin Cardio - 2 mino
(Town, county, and state) Housewife	If assular disease t
10. Usual occupation.	Due to
11. Industry or business Industry or business	
E 2. Box	Other conditions
13. Birthplace Fa. Elizabeth F. Horn	(Include pregnancy within 8 months of death)
	Major findings of operations
15. Birthplace Pa	
16. Informant William E. Mahaney	PHYSICIAN: Plesse underline the cause to which death should be charged statistically.
Address 605 E St. Sparrows Pt.	
Burial Date thereof Aug. 3, 194	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
17. Burlat Date thereof (month) (day) (year) Oaklawn Cemetery	
Cemetery or crematory 7225 Eastern Ave.	Where did injury occur? (City or town) (County) (State)
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director Roland L. Fisher	Means of injury injured at work?
Address 2112 Dundalk Ave. Dundalk-22,	Ma. Tawan L Karbin MA
10 ann 2 - 1048 Dawson J. Karl	23. SIGNATURE M. D. or other 1/4/8
(Date rec'd by registrar) Registr	ar Address Thurs y had Date signed



2-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

108

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CERTIFICATE OF DEATH

		-		He Have a second of the Arm of th	
1. PLACE OF DEATH: countyBaltimore				2. USUAI, RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
				State Maryland County Start	
	•		and RURAL and give nearest town)	City or town	
How long in above place of death?					
				street No. 31 Fern Street (If rural, give LOCATION)	
				(if rural, give LOCATION) - 2.(a) If veteran, name war	./
		43.1.2.			
3. (a) FULL N				3. (b) Social Security	Number
	therine E.	McClos	CEY le, married, widowed, or divorced		
4. Sex	5. Color or race	b.(a)sing	ie, married, widowed, or divorced	MEDICAL CERTIFICATION	
F	W		Widowed	20. DATE DF DEATH JULY 6 19. 148.	, al 5 1.5 p
E (h) Name of buch	and or wite Willi	am Char	les McCloskey	21. I CERTIFY that death occurred on the date above stated; that I attended deces	used from
			(c) If alive, give ageyears	February L. 19 Lily 6	
7. Birth date of				and that I last saw h. er,alive onJuly 6	1948.
deceased (mo., d	(ears Months	ary 9,	1876	Immediate cause of death	DURATION
8. AGE:				Pneumonis right lawer labor	2 days
	72 4	27		10 [9/1/48	le_
9. Birthplace	Baltimore.	Marylan county, and	od	Due toCerebral vascular accident	llday
10. Usuat occupat	Housewif	e		Due to Hypertensive CVD.	Indef
11. Industry or bus	iness Domes	tic		ne (o70.10-20.0010-111-4004-11-4	THE COLUMN
当 12 Hame				Dither conditions	
=	Germany				
E	Valland	1/477		(Include pregnancy within 3 months of death)	
H 14. Maiden na	Germany Hospital	ne-Mll.	Ler	Major fiadings of operations.	
₹ 15. Birthptace	Germany	•			
16. Informant	Hospital r	ecords		Autopsy results No Post	
Address	Catonsvill	e-28. 1	Mary land	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
	urial	21.11.	reot (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing:	
(Burial, crema		nate the	(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cre	matory	Thed	ral	Where did injury occur?	(State)
Location	Bal	to.	nd.	Injured at home. tarm, industry, public place (where?)	
	Willia	-		Means of Injury Injured at work?	
1B. Funeral direct		01 50	ok Juc	tribe but	
Address	1217 0	T. Pa	ul st	23. SIGNATURE Isadore Tuerk, M.D.	
, ger	ly 8 19 4	8 0	2. w. Hedre 2		
(D. rec'd b	(Jegistrar)	9	Registrar	Address Catonsville-28, Maryland Date signed.	7/6/48

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

VS A15 9

Supply every item of information carefully ease write the causes of death clearly and

PLEASE WRITE

A15

MARYLAND STATE DEPARTMENT OF HEALTH

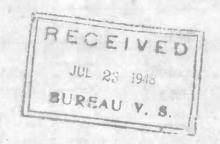
* 2411 N. Charles St., Baltimore

13/2

CERTIFICATE OF DEATH

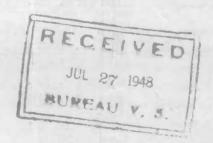
Reg. Dist. No. 30

			CLICITICAL	L OI DLAIII	Reg. Dist. No.	
1. PLACE OF DEA	ATH:			2. USUAL RESIDENCE (HOME) OF	F DECEASED:	
County Balt				State Maryland county St. Mary's		
How long in above place	City or town			City or town		
			tal	Street No	LOCATION)	/
How long in hospital or	Institution? 16	-days	······································	2.(a) If veteran, name war		
3. (a) FULL NAME		M - C	77		3. (b) Social Security !	Vumber
4. Sex	rover C.	6.(a)Singt	e. married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White		rried	20, DATE OF DEATH. July 22		at .9:35 am
6.(b) Name of husband	or wifeHet	tie Ha	cris5.7years	21. I CERTIFY that death occurred on the date abo July 6 19. and that I last saw h. i.M. alive on Ju	ve stated; that I attended decea 1.8 to July 2.2	sed from 219. 48
deceased (mo., day, y	m) May 19	. 1885	Here was a series of the serie	Immediate cause of death		DURATION
8. AGE: Years		Days	It less than one day	Pulmonary Edema		
63	2	13	min.			
			inia atate)	Due to Arteriosclerotic		Indef.
10. Usual occupation 11. Industry or business				Due to Chronic Interstit		Indef.
12. NameGeo		mell		Other conditions		
	Mary Sm	ni th		(Include pregnancy within 3 r		
≥ 15. Birthplace	Virginia				Date of op	
10.	spital Roco atonsville		and and	Autopsy results	hich death should be charged	statistically.
17. (Burial, cremation	, or removal. Which	Date ther	eof. 7 (month) (day) (year)	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of	
Cemetery or crematory			2 0	Where did injury occur?(City or town) Injured at home, tarm, industry, public place (wi		
Location	- AMARIA	/ 9/		Means of Injury	injured at work?	
1B Funeral director	tran	4 4	26 818	Dowler	June, m	. D ·
Address	0/	1 016	o way	23. SIGNATURE		
19	2 19 48	- 7	E Harry Registrar	Address Spin Glose Sto	te Hab Date signed	John 22 FM



07002

	•		rfes St., Baftimore 74a TE OF DEATH	Reg. Dist. No. 43
1. PLACE OF DEACCOUNTY	Baltir peburg, M feside city or town li f dealh? 16 treel address where	d. mits, write RURAL and give nearest town) Years death occurred:	Street No. 7006 Willowda	coucly Baltimore
	OHN McCUL	LOUGH 6.(a)Single, married, widowed, or divorced	WEDICAL	CERTIFICATION
male	white	married	20. DATE OF DEATH July 22nd	
7. Birth date of deceased (mo., day, yr.)		Maloney McCullough 6.(c) If alive, give ageyes th, 1894 Days If less than one day	and that I last saw h	948 10 July 22 July 16 -
9. Birthplace	Baltimore (Town,	23	n. when Hyper Oue to allein - Scher	Combony ply 2
11. Industry or business	U.E.C.	Board	Due to	
13. Birthplace H. Malden name 15. Birthplace	Baltimore Katherin Baltimore	ne White	(Include pregnancy within	
16. Informant Mrs.		hillough dale Ave.	PHYSICIAN: Please underline the cause to	which death should be charged statistical
burial (Burial, cremation,	or removal. Which?)	Date thereof. 7/26/48 (month) (day) (year)	22, VIOLENCE: If death was due to external of Accident, suicide, or homicide	Oate of
	Baltimo Passah 1 Belair	I unaral Home	Injured at home, farm, Industry, public place Means of Injury 23. SIGNATURE	Injured at work?
		Jan Wil Rub ander	23. SIGNATURE	M. D. oylother



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Raidence for change of	400		
birth date shown on: CERTIFICAT	E OF DEATH	Reg. Dist. No.	0
1. HEACE OF DEATH: 15 AUG 9 - 1948	2. USUAL RESIDENCE (HOME) OF D		
County Dallmore	m	1300	-00
(If outside city or town limits, write RURAL and give nearest town)	State County County	# 10 2	mid
How long in above place of death?	City or town	rite RURAL and give near	est town)
Hospital, Institution, or street address where death occurred	Street No. Cella que	+ treed	Roa
Westerest the	(If rural give LO	CATION)	
How long in hospital or institution?	2.(a) if veteran name war		***************************************
3. (a) FULL NAME	00	3. (b) Social Security N	umber
Mary M. Mc.D.	onalo	fon	2
4. Sex 5. Color or race 6. (al Single, married, widowed or divorced	MEDICAL CER	TIFICATION	
Jemale While Widow	20. DATE DE DEATH. July	216 19.4-8.	al / 155 F
8.(6) Name of husband or wife Edward B. Mc hone	THERTIFY shall death occurred on the date above s		ed from
6.(c) If alive, give ageyears	197	10 gholy	19.
7. Birth date of 19 19 19 19 19 19 19 19 19 19 19 19 19	and that I last saw h	Jerly 2	19.7
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death		DURATION
89 4 2.9min.	11	-1.1	
mariala	To one any		
9. Birthplace(Town/county, and state)	Due to.		7
10. Usual occupation Store aperator	B I	,	
11. Industry or business Oswal Business	Due to		
	Dther conditions		
12. Name All All All All All All All All All Al			
	(Include pregnancy within 3 mor		
Wall .	Major findings at operations		
∑ 15. Birthplace			
16. Informant	Autopsy results PHYSICIAN: Please underline the cause to which	death should be charged s	tatistically.
Address to elically city, M.	22. VIOLENCE: It death was due to external causes		
17. (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide		
Marin Patterdal	Where did injury occur?(City or town)	(County)	(State)
Cemetery or cremajory	Injured at home, farm, industry, public place (where		***
Location Description Location	Means of Injury	Injured at work?	
18 Funeral director		.0	
Address & elecate City md.	100 CICNATINE A Nachuh	men, un	
7-28 WE 7/8 Harry	23. SIGNATURE	M. D. oi	r other
19	Address	7. Date signed !	1

UNFADING INK. Supply every item of information carefully. The correctant. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

MARGIN RESERVED FOR BINDING



VS A15

ASE WRITE PLAINLY, WITH of age is especially important.

VS 150

The

M

BALTIMORE	CITY	HEALTH	DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State
(b) Street address Comon O on Cire	(a) State(b) County
(c) Hospital or institution:	(c) City or town Odlow velle
Hood Sanctarum	(If outside city on town limits, write RURAL and give town
	(d) Street No. 42 Franket Cr
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(c) Citizen of foreign country?(Yes or No
(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country
3 (a) FULL NAME 2	
was fift	ecer "ITAM OF RIAD" A M TALLY
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
8 (1 x x) No. 3 (1 x x x x x	20. DATE OF DEATH July 27 1948, at 4:00PM
4. Ser 5. Color or race 6 (a) Single, married, widowed, or	21. I certify that death occurred on the date above stated; that I attend
divorced Nedowie	ed deceased from Jacky 2/ 1948, to July 27 1948
6 (D. Norman Charles) and a Clother of	and that I last saw han alive on July 23.19 48.
6 (b) Name of husband or wife 6 (c) If alive, give age years	
	Immediate cause of death Duration
7. Birth date of deceased (mo., day, yr.) 7. 29 1656	Chiane myoundly about
8. AGE: Years Months Days If less than one day	7
hr. min.	Due to
9. Birthplace Curcua	Teneral activosition rina
(Towl, county, and state)	Due to
10. Usual Occupation	
11. Industry or business	Other Conditions.
12. Name Rulton Hayer	(Include pregnancy within 3 months of death) PHYSICIAN
13. Birthplace	Date of operation.
x 2/2 /2	Major findings of operation: cause to which
# 14. Maiden Name (Company)	death should b
2 15. Birthplace	of autopsy: tically.
16 (a) Informati Man Hellon	22. If death was due to external causes, fill in the following:
(b) Address #2 P. 6 File & Gre	(a) Accident, suicide, or homicide
7 20 1	(b) Date of occurrence at N
(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur? (City or town) (County) (State)
(c) Cemeters of Fernatory.	(City or town) (County) (State)
There was Tarter 1/10	(d) Did injury occur about home, on farm, industrial place, in publi
Location Carmony Truy CU	place? While at work? (Specify type of place)
18 (a) Funeral director	(e) Means of injury
(b) Address Coutous orlland	23. Signature Su J. Sover
19 00 100 7/28/48 (0) 1/6 26/32 10 00 00	M. D.
(Date rec'd by registrar)	Address Mallow Mul or Date signed 7/28/5

Ballamore my

2411 N. Charles St., Baltimore

462

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long In hospital or Institution?	. 2.(a) If veteran, name war
Janiel Webster Meyers	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Matticd	MEDICAL CERTIFICATION 20, DATE OF DEATH 29 July 1948 at 3:45 A
6.(b) Name of husband or wife Lillian Anna Meyers 6.(c) If alive, give age 60 years 7. Birth date of deceased (mo., day, yr.) November 25 1886	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.48 10.39 14.49 19.48 and that I last saw h. 1.12. alive on 2.6 July 19.48 Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day 6. 18 4	Cancer of gastro-
10. Usual occupation	Due to
13. Birthplace Balto, Co. Md.	Other conditions An Chaia. (Include pregnancy within 3 months of death)
14. Maiden name Ellen John 3047 15. Birthplace Balto. Co. Md.	Major findings of operations.
18. Informant Lillian A. Meyers	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Monk ton, Md. 17. Burial Bate thereof Bate thereof (moyth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory If Tukes	Where did injury occur?
18. Funeral directo William 9. 6 hatman gr	Means of injury Injured at work?
Address 1701 M= Cullot St. Balts. m.A.	23. SIGNATURE
19. (Satelyee'd by rigistrar)	I Colore illa Md 20 Tilla

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MARYLAND STATE DEPARTMENT OF HEALTH

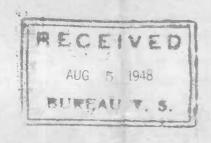
3	a		

Na See		SE OF DEATH
Meg	CERTIFICAT	TE OF DEATH Reg. Dist. No.
information carefully. The conor death clearly and legibly.	1. PLACE OF DEATH: County 2	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Siste County Ba City or town (If outside city or town limits, write RUKAL and give nearest town) Street No. 6 A C (If rural, give LOCATION)
cle	How long in hospital or institution?	2.(a) If veteran, name wer
informati of death	3. (a) FULL NAME A b t Miller 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
of	Male White Married	20. DATE DF DEATH Jun 1 7 31 st 19 48 21 6 A 1
ADING INK. Supply every item Physicians: please write the caus	6.(b) Name of husband or wife Bextha Miller 7. Birth data of deceased (mo., day, yr.) March 2272 1873	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4.7. to
Suppry lease wr	8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
G INK.	9. Birthplace (Town, county, and state) 10. Usual occupation Come of the City	Due to.
ADIN	11. Industry or business B. V.O. P. R.	
Ex.	12. Name	Other conditions
WITH UNI	14. Molden nome. Ca. The rine No! t	Major findings of operations.
LY, WJ	16. Informant Mrs. Abtil Miller	Autopsy results
PLAINLY, is especially	Address 6 Made 1 ne Ave 17 Buyla Dale thereot (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
ITE 1	Cemetery or cremotory Pax Two and	Where did Injury occur?
WRITE	18. Funeral director Flessels Rennied Han	Injured at home, farm, industry, public place (where?)
PLEASE	Address 7401 Belain Tel 19. Water rec'd by egistrar) 19. (Water rec'd by egistrar) 19. Registrar	23. SIGNATURE. Address. 3165 Beland Pol Date signed 7-31-48

OR BINDING

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PLEASE

(M)

2411 N.	Charlen	St.,	Baltimore	
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			CERTIFICAT	TE OF DEATH	Reg. Dint. No. 38
How long in above place Hospital, institution, or	Perkyi) outside city or town li ot death?	death occurre	d:	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of Md. State	of mother) Baltimore ounly Baltimore its, write RURAL and give nearest town) enue, Parkville ve LOCATION)
	John J.				215 24 8690
4. Sex Male	5. Color or race White		e, married, widowed, or divorced arried		CERTIFICATION 1948 5:10P.
6.(b) Name of husband 7. Birth date of deceased (mo., day,) 8. AGE: Years	n.) Novemb	6.(c) If alive, give ageyears 1897	21. I CERTIEY that death occurred on the date a	bove stated; that I attended deceased from
9. Birthplace		3	hrs. min.	Due to	
1D. Usual occupation	Ch s Carroll	auffeu Indepe	ndent Fuel Co.	Due to	
3. Birthplace	Baltin	ore	1 ey	Other conditions	3 months of death)
14. Maiden name.		Scheer ltimor	er	Major fiudings of operations	Date of op
	Mrs.		et Mooney Parkville	Autopsy results	which deuth should he charged statistically.
Cemetery or cremato	or removal. Which?)	d Memo	July 10-48 (month) (day) (year) rial Park d	22. VIOLENCE: It death was due to external control of the control	Date of
18. Funeral director	Wm. Coo	k, Inc	•	Means of Injury	tnjured at work?
Address 12	17 St. Pau	1 Stre	et North Helical Registrar	23. SIGNATURE Harda	a. 9. 4. 14. D M. D. of other Lul Bate signed 7. 1.7.14.8

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

18 8

2 IISHAL RESIDENCE (HOME) OF DECEASED.

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CERTIFICATE OF DEATH

g. Diat. No.

County Baltimore				(For rewhorn infants give residence o	f mother)	CONT.
				state Maryland c	Now	0-40
City or town	outside city or town li	nits, write	RURAL and give nearest town)	Tecun	ounty	
				Cily or town. Jessup	its, write RURAL and give ne	earest town)
Hospital, Institution, o	r street address where i	leath occurre	ed:	Street No. Box 30		
Vets. Adm.	Hospital,	Fort	Howard, Maryland	Street No	ve LOCATION)	
	la Di	2VS		2.(a) It veleran, name war WW-2		/
How long in hospital or institution? Lt Days				Z.(b) it vereign, manie was services		
3. (a) FULL NAM	IE .				3. (b) Social Security	Number
	CALVIN S.	MOORE			218-12-8479	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	CERTIFICATION	
Male	Colored	9	Single	Tan 27	1.8	30.504
Tight I C	0010104		,11610	20. DATE OF DEATH July 27.		
e (h) Nome of husband	Sin	gle		21. I CERTIFY that death occurred on the date a	bove stated; that I attended dec	eased from
6.(0) Mame of phasosure	y wite	G	***************************************	July 23,	48 to July 27	,1\$48
7 Right date of		6.	(c) If alive, give ageyears	and that I last saw h im alive on Ju	ly 27,	1418
deceased (mo., day,	yr.) 12-4-25			Immediate cause of death		
8. AGE: Year	rs Months	Days	It less than one day	Spontaneous Pneumo		
22	7	23				
			7 3	Due to Tuberculosis, pu	lmonarmr	7_7 /2
9. BirthplaceHOV	vard County	county and	state)			
				bilateral, far adv.		
10. Usual occupation.		*************	***************************************	Duo to		
11. Industry or busine				*		
H 12 Name Alt	pert Moore			Other conditions	*************************************	
	Jessup, Ma					
-				(Include pregnancy within 3 months of death)		
HLOW 14. Maiden name		lie		Major fiediogs of operations		
E 15. Birthplace	Baltimore,	Mary.	Land			
			Vets. Adm. H.sp.	Aotopsy results		
				PHYSICIAN: Please underline the cause to	which death should be charge	d statistically.
Address	ort Howard,	Marry.	Land	22. VIOLENCE: If death was due to exfernal of		
10 Busin	2	Date the	real - lesky 30-1948			
	on, or removal, Which?		ereof. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory aslang Methodist			ethodist	Where did injury occur?(City or town	(County)	(State)
Location Hor		oun		Injured at home, farm, industry, public place		
			in n	Msans of Injury	Injured at work?	
16. Funeral director.	Genry S.	Was	hunglin rooms	M28U2 Of INJULY	injures et delle	
Address 46	1/00	1. W.	. / // //	W	1	
Address 7 6	(INV M.)	Lew,	/)	23. SIGNATURE A.C. Melmery	The state of the s	or other
10 2/2	8 10 X	- 1	IW Hednel	H.C. MANAUGH,	M.D. Chief Pr	o. Ser.
(Date rec/d by r	registrar)		1) /2 Registrar	VAH Ft Howard		7-27-48

Residence changed from A.H. to Howard - Note Prom. Dr. French 9/3/48

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH Reg. Diat. No. 32 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) 1. PLACE OF DEATH: Baltimore State Md. county Baltimore Pikesvilla (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.....Life. Hospital, Institution, or street address where death occurred: 1705 Reisterstown Road (If rural, give LOCATION) How long in hospital or Institution?..... 3, (b) Social Security Number

3, (a) FULL NAME

Harry G. Myerly

4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced
Male	White		Single
NIL BUREAU	nd or wife		A Malline of the area
	, yr.) Nov•		e) If allve, give ageyears
8. AGE: Ye			If less than one dayhrsmin.
9. Birthplace	Carroll Co	. Md.	state)
1	Retired ess Retail I		business
ar I	William H.	Myerl	y:
14. Maiden nam	Sarah A.	E. Fuh	rman
- I Tot Britispiaco	Marylar ta Mary Bow		
			Rd., Pikesville,
17 Burial (Burial, cremati	on, or removal. Which?	Date there	eof 7 - 30 - 48 (month) (day) (year)
LocationPi	kesville, N	ld.	
	Wille Dellymo		ns

MEDICAL CERTIF	FICATION	
20. DATE OF DEATH July 27,	19 48	7:30 A
21. I CERTIFY that death occurred on the date above stated No Ve 1947,		
and that I last saw himalive onJuly 2:		
Immediate cause of death		
Due to Arterial hypertension	2	?
Due to Arterio Sclerosis		?
Other conditions		***************************************
(Include pregnancy within 3 months o	f death)	

22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did injury occur?

PHYSICIAN: Please nuderline the cause to which death should be charged statistically.

(City or town) injured at home, farm, industry, public place (where?) ...

Major findings of operations.....

(County)

Pikesville-8, Md. Address.

Means of Injury

Registrar

PLEASE

WRITE

(Date rec'd by registrar)

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JUL 29 1948

BUREAU Y. S.

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WARVIAND CTATE DEDARTMENT OF HEALTH

10			ea St., Baltimore	0701044
		CERTIFICAT	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County			City or townJonesCreek (If outside city or town limit Sireet No 7320 Waldman	mother) Baltimore Rural Baltimore s, write RURAL and give nearest town) Avenue LOCATION)
3. (a) FULL NAME	ЈОН	N HENRY MYERS	·	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced Widowed		ertification 248 19 21.2.55P
7. Birth date of deceased (mo., day, yr.) February 12, 1858 8. AGE: Yeare Months Days If less than one day 90 4 21 hre. min. 9. Birthplace Town, county, and state) 10. Usual occupation Farming - retired 11. Industry or business			and that last saw have alive on lambdia. Tues of death the see of death th	piralry 3 de yrashil Unbu
12. Name	New Orl	W4 2 2 am	Other conditions	
14. Maiden name Julia A. Miller 15. Birthplace Baltimore, Md. Mrs. Mary McDonald 16. Informant 7320 Waldman Avenue, Sp. Pt.			Autopsy results	Qate of op
Burial (Burial, cremation, or removal. Which?) Cemetery or crematory. Loudon Park Cemetery Baltimore, Maryland Location.			22. VIOLENCE: If death was due to external ca Accident, euicide, or homicide Where did injury occur?	(County) (State)
Location 18. Funeral director HENRY SANDER & SONS, INC. 18. Puneral director HENRY SANDER & SONS, INC. NORTH AVE. & BROADWAY 19. Date reck bregistrar 19. Water reck bregistrar 19. Puneral director HENRY SANDER & SONS, INC. Registrar			23. SIGNATURE Dave Point	Lo. Harber M. M. D. or object.

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JUL 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 30

PLACE OF DEATH County Co		
State Coulty Aller (If custode city or town limits, write RURAL and give nearest town) Ran long in abset and city or town limits, write RURAL and give nearest town) Roy long in the state of death. Roy long in Supplie of institution? Roy long in Supplie of institution? Street Ro	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
City or Iran. City contained the content lights, write RURAL and give nearest town) State Ing. is above piece of dealth? Contained the process where gath occurries. Contained the process where gath occurries. Contained the process of the pro	County Balta Co	
Row long in abort piece of seath Row long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. See 6. (c) Name of husband or wife 8. (c) If aire, gire age 9. See It s	2 - 10	State County heladelphia
Row long in above place of death		City or town Philadelphia.
Respitation Institution Street Res. (Uf rural, give LOCATION)	How long in above place of death?	(If outside city or fown limits, write RURAL and give nearest town)
Content Cont	Hospital, Institution, or street address where death occurred:	Street No. 7/1 8, 16 - Ch SC .
3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION MEDICAL CERTIFICATION Tuly 26. 11. 18. 18. 11. 20. 1. 18. 18. 11. 20. 1. 18. 18. 11. 20. 1. 18. 18. 11. 20. 1. 18. 18. 11. 20. 1. 18. 18. 11. 20. 1. 18. 18. 11. 20. 1. 18. 18. 11. 20. 1. 18. 18. 11. 20. 1. 18. 18. 18. 18. 18. 18. 18. 18. 18.	Carters Pursung Hame	
6. (b) Rame of husband or wife 8. (c) If after, give age. 8. (c) If after, give age. 9. Birth date of deceased (see, day, rr.) 8. ACE: Vears Months 9. Birthplace 10. Usual occupation 11. Industry or business 11. Industry or business 11. Burbalece 11. Summe and business 11. Burbalece 11. Molden name. 11. Industry or remains. 11. Industry or remains. 11. Industry or remains. 11. Industry or remains. 12. Summe and business 13. Burbalece (Include pregnancy within 2 months of death) Major findings of which death should be charged statistically. 13. Burbalece (Include pregnancy within 2 months of death) Major findings of particles. 14. Molden name. 15. Internation, or remays. Which? 16. Internation or remays. Which? 17. Monthstee (Include pregnancy of this is the following: Accident, particles, particle	How long in hospital or institution?	2.(a) It veleran, name war
8. (b) Rame of husband or wife 8. (c) It alive, give age. 9. Birthplace 10. Usual occupation. 11. Industry or husiness 12. It is included the following: 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informace Mainth Ma	3. (a) FULL NAME	3. (b) Social Security Number
8. (b) Rame of husband or wife 8. (c) It alive, give age. 9. Birthplace 10. Usual occupation. 11. Industry or husiness 12. It is included the following: 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informace Mainth Ma	William trans	ollins
8. (b) Name of husband or wife. 20. Name of husband or wife. 21. I CRATIFY that desh occurred on the date above stated: that I attended deceased from dece	4. Sex 5. Color er race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
8. (b) Name of husband or wife. 20. Name of husband or wife. 21. I CRATIFY that desh occurred on the date above stated: that I attended deceased from dece	200	
1. Birth date of deceased (mo. day, yr.) 8. ACE: Years Months Days 11 less than one day Indicate cause of death	In w lungle	20. DATE OF DEATH 19.70, at /4 . 20 . M
1. Birth date of deceased (mo. day, yr.) 8. ACE: Years Months Days 11 less than one day Indicate cause of death		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
3. Birthplace Bornes Bo		11/1/20 1/20 1/1 /10/11 /10/11
Birthplace County Solution County Coun		7- / //
8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace	7. Birth date of day vr.) Que 4 1813	
S. Birthplace Clownycounty, and state) Due to Cartico Clownycounty, and state) Clownycounty, and state) Due to Cartico Clownycounty, and state) Clownycounty, and state) Due to Cartico Clownycounty, and state)		Immediate eause of death
9. Birthplace Town, county, and state) 10. Usual occupation Due to GPUID - Mask wildy Read Ni season 11. Industry or business 2 12. Name	o, Ade.	99116926 3.4176 2.0643
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informapy Address 17. White and injury creation, or removal. White?) 18. Cemetery or crematory 19. Cemetery or crematory 10. Usual occupation. 11. Coation	8 4 I I I I I I I I I I I I I I I I I I	
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informapy Address 17. White and injury creation, or removal. White?) 18. Cemetery or crematory 19. Cemetery or crematory 10. Usual occupation. 11. Coation		Bueto Cardio - Uscular - Renal Niscon 1941
11. Industry or business 12. Name	(Town, county, and atate)	
11. Industry or business 12. Name	10 ilenal accupation Between Stevenson.	artera-Aderoni 1941
The conditions The conditions	21 7000	Due to.
14. Malden name 14. Major fiudiags of operations	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
14. Malden name 14. Major fiudiags of operations	12. Name Company Pellens	Other conditions
14. Malden name 14. Major fiudiags of operations	13. Birtholace	
Address / 4 Aulopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If dealh was due to external causes, fill in the following: Accident, suicide, or homicide		(Include pregnancy within 3 months of death)
Address / 4 Aulopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If dealh was due to external causes, fill in the following: Accident, suicide, or homicide	王 14. Malden name	Major fiudiags of operations
Address / 4 Aulopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If dealh was due to external causes, fill in the following: Accident, suicide, or homicide	S 15. Birthplace Analysis	
Address / 4 Golden Bale thereof (month) (day) (year) Cemetery or crematory County C	m. Flin 11/10/21	
Address 4 Address 5 Accident, suicide, or homicide	16. Information of the state of	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal. Which?) Cemetery or crematory one of the location of the	Address 1047 May bound and	
Cemetery or crematory occur? (City or town) (County) (State) Location Balto. City Location Balto. City Injured at home, farm, Industry, Jubi'c place (where?) Means of Injury Address Add	Decention	22. VIOLENCE: If death was due to external causes, fill in the following:
Cemetery or crematory occur? (City or town) (County) (State) Location Balto. City Location Balto. City Injured at home, farm, Industry, Jubi'c place (where?) Means of Injury Address Add	(month) (day) (year)	Accident, suicide, or homicide
Location Balta. City 18. Funeral director Edward Thurselle Means of Injury Address Catorsville Mad 23. SIGNATURE 24. STORNATURE 25. Means of Injury Manne of Injury Means of Injury Manne of Injury Means of Injury Manne	onelin Tinh	Where did Injury occur?
18. Funeral director Thurselle Mad Address Atonsville Mad 23. SIGNATURE UTV AVIT 28 M. D. or other 7. X 6. X 8	Cemetery or crematory	
18. Funeral director August Man	Location 12 altr. Cuty	
Address Catonsville Md. 19. 7/28 1948 VEntform 23. SIGNATURE CUTONSVIT 28 M. D. or other 7. x6. x8	8 Amarel Thrus nill	Means of Injury /// tnjured at work?
19 7/28 1948 VE Harry 23. SIGNATURE CUTONSVITT 28 M.D. or other 7. x6. x8	18. Funeral director	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
19 7/28 1948 1 E. Harry Cutonstrill 28 M. D. orother 48	Address (atomerelle Md	1901/2 Dillow
19. 1/48 (Castary) (1700 dv1/1 28 1110. 7. Va. X8	5/00 7/01/	23. SIGNATURE M. D. or other
(D. f	19. Segistrar Registrar	Address CITONSVIII & 28 Mi Date signed 7. 16. X8

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PLEASE WRITE PLAINLY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07012

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For powborn infants give residence of mother)
County Bultimore	State Maryland County
City or town	Rel+imere
How long In above place of death? Approximately 1-12 Hrs.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 663 W. Franklin St.,
Vets. Adm. Hespital, Ft. Heward, Md.	Street No. (Uservet give LOCATION)
How long in hospital or institution? Approximately 1-1/2 Hrs.	2.(a) If veteran, name war.
The second secon	"
3. (a) FULL NAME	3. (b) Social Security Number
HARVEY NELSON	Unknewn
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Married	20. DATE DE DEATH July 23, 19.48 31 100 1
	20. DATE DE DEATH July 23.
6,(b) Name of hXXXXX ife Harriet Nelson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	July 23, 18 48 10 July 23, 18 48
7. Birth date of	and that I last saw h implie on July 23, 18 48
deceased (mo., day, yr.) 3-31-89	Immediate cause of death
8. AGE: Years Months Days If less than one day	CHRONIC MEPHRITIS unknown
59 3 24nrsmin.	Principal Control of the Control of
9. Birthplace Richmond, Va. (Town, county, ond state)	Due to Arteriosclerosis unknown
(10WH, County, Old Bellet)	
tD. Usual occupation. Unemployed	Due to
t1. Industry or business	900 10.
	Other conditions None
H 12. Name Shadrack Nelson II. Name Virginia	Other conditions INCLE
	(tnclude pregnancy within 3 months of death)
14. Maiden name Harriet Perkins 15. Birthplace Virginia Clinical Recerds, Vets, Adm. Hesp.	
Virginia	Major findings of operations.
₹ 15. Birthplace	Date of op.
16 Informant	Autopsy vessits Substantiated Above
Fort Howard, Md.	PHYSICIAN: Please ooderlice the cause to which death should be charged statistically.
Or I or lave	22. VIOLENCE: It death was due to external causes, fill in the following;
(Buriat, cremation, or removal, Which?) Date thereof 1, 98, 1948. (Buriat, cremation, or removal, Which?)	Accident, suicide, or homicide
Part mo Mating	Where did Inju:y occur?
Cemetery or crematory	
Location Victimenal Va.	Injured at home, farm, Industry, public place (where?)
Katie Williams	Means of Injury Injured at work?
18. Funeral director Baltimore, Md.	
Address	23. SIGNATURE WC manauf
(M. D	H.C. MANAUGH, M.D. Chief Pro or other.
19. July 2(18 & a 2 Helier Registrar)	Address VAH. Ft. Howard Md. Date signed 722/12/18
(Date fee d by registrar)	Manicos

ALL STATES OF THE STATES and the state of t The state of the s A CONTRACTOR OF THE PARTY OF TH 1-mail ment has been artification of the state of the

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 07013

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH alternari - 2 2.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
305 Will ave	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME CYRUS COPPER N	3. (b) Social Security Number 216-10-4731
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced walk white warried.	MEDICAL CERTIFICATION 20. DATE DF DEATH July 13 19.48 at 150
6.(b) Name of husband or wife. Flora Belle.	21. I CERTIFY that death occurred on the case above stated; that I attended secessed from
7. Birth date of deceased (mo., day, yr.) Jan 16. A.B., 1883.	and that I last saw h. I alive on
8. AGE: Years Months Days If less than one day 5 2 7	Immediate cause of death DURATION Colored Lemonth Lane 5 days
9. Birthplace Datto - Co. nud. (Town, county, and state)	Due to Klesher Fens wil C. V. Sence
10. Usual occupation Machinist.	Due to Newtone - 1939.
11. industry or business Tell Mane Millian Mill	Dther conditions
13. Birthplace 13 alto . Mag.	(Include pregnancy within 3 months of death)
14. Malden name anna B. Callier. 15. Birthplace Batto. Rud.	Major findings of operations
16. Informant Flora Belle Rugir.	Antopsy results
Address AS III # - 16-48	22. VIOLENCE: 11 death was due to external causes, 1111 in the following:
(Burial, cremation, or removal. Which) Cemetery or crematory. Oak and	Where did Injury occur? (City or town) (County) (State)
Location Castegn Grang Coad	Injured at home, farm, industry, public place (where?)
18. Funeral director Jahn 9. Connelly	Means of Injury Injured at work?
Address 4/8 6 astern Com. Exsept	22 SIGNATURE X SUIS ST. Follow Mr. al
19. July 15 19. 48 Hong. Connelly Magistrar	Address Darth Pout Rf M. D. or other Date signed 2/13/4



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PLEASE

VS AIS

MARYLAND STATE DEPARTMENT OF HEALTH					
	MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. ...

1. PLACE OF DEATH Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)
County	State Md. County Baltimore
City or town (If outside city or town limits, write RURAL and give nearest town)	Hel ethorne
How long In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution or street address where death occurred:	Streel No. 5705 Second Ave.
5705 Second Ave.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
James E. A. Ogle	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH JULY 22/48 19
8.(b) Name of husband or wife Late Frances M. Ogle 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Nov. 23.1865	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
	Immediais cause of death
0. 70 77 90	Cardiae Suxofference 24 m
9. Birthplace Maryland (Town, county, and state)	Due to arterioselevorie Undet
(10wn, county, and state)	generalized
10. Usual occupation Retired	Bue to
11. Industry or business Boiler Inspector	
	Other conditions
Evan Ogle 12. Name	
at 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Amanda *	Major findiags ol operations
15. Birtholace Md	Date of op.
14. Maiden name Amanda * 15. Birthplace Md. Mr. Edgar E. Ogle	
TO, MIGHIER	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 232 Oakleigh Village	
Burial Burial 24/48.	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof July 24/48. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Meadowridge Memorial Park	Whare did injury occur?
Dorsey Md.	Injured at home, farm, Industry, public place (where?)
7/ 1/1/	Means of Injury Injured at work?
18. Funeral director Harry H. Wulfale.	Means of things
Address 4101 Admonds on Ave.	10. 00 Xand sthe mit.
AUDIESS 2 1/ //	23. SIGNATURE a Bradley Dougharthy mo.
19. All 19 19 Conference of the second of th	Address / 264 Francis Que Date signed 1-23-40

RECEIVED AND 1948 P. JUL 29 1948 P. BUREAU V. S. &

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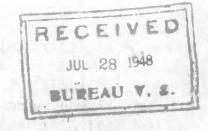
MARYLAND STATE DEPARTMENT OF HEALTH

07015

CERTIFICATE OF DEATH

Reg. Diat. No....

A. PLACE OF DEA	TH:	7 1 2		2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:	
County						
		state Maryland county Baltimore				
(11 0)	utside city or town	60	TAR PC	City or town Lech Raven	(Rural) ts, write RURAL and give nes	
How long in above place of Hospital, institution, or	of death?	dooth nonurro	A	(If outside city or town limit	ts, write RURAL and give nes	rest town)
tiospital, ittstitution, or	SHICCH MEMICOS WHELE		11 Roads	Street No. near Smith Ave.		0 #Q
				(If rural, giv	LOCATION)	
How long In hospital or	Institution?		***************************************	2.(a) If veteran, name war. WOITA W	ANT. T	
3. (a) FULL NAME					3. (b) Social Security	Number
		JOHN	A. PARKS			
4. Sex	5. Color or race	100	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Male	White	Si	ngle	T7-7 27	12	7.204
	111			20, DATE DF DEATH	19. 48	, at . /
6.(b) Name of husband of	or wite	///	***************************************	21. I CERTIFY that death occurred on the date at	pove stated; that I attended decea	ased from
			(c) If alive, give age /////year	19	to	19
7. Birth date of			c) ii alive, give ageyear	and that I last saw halive on		19
deceased (mo., day, yr	.) May 30			Immediate cause of death		DURATION
8. AGE: Years	Months	Days	If less than one day	Δ Δ	-	
62	2	20	hrs min.	Coronary le	clu swell.	2 days.
9. BirthplaceLo	ach Rayen	Mervl	and	- · · · · · · · · · · · · · · · · · · ·	*	
9. Birthplace	(Town	, county, and	state)	Due to Substitution		***************************************
10. Usual occupation	Re	tired				**********************
TU. USUAL OCCUPATION	D.			Due to	•••••	
11. Industry or business		rmer				
当 12. Name	Jeh	n Parks	<u>}</u>	Dther conditions		4
12. Name	M	aryland				
			ırke	(Include pregnancy within 3	months of death)	
14. Maiden name 15. Birthplace				Major findings of operations	***************************************	
🗵 15. Birthplace	Paul.	ryland			Date of op	
ts Informant Mrs	. Eleanor	Hudson		Astapsy results		
				PHYSICIAN: Please underline the cause ta w		
	Raven, M			22. VIOLENCE: If death was due to external ca	uses, fill in the following;	
17 Buris (Burial, cremation,	al	. Date the	reof July 24, 1948 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or cremator	y PIT a FI	arle Ce	metery	Where did injury occur?(City or town)		
Location	, Towson	Mary	land	Injured at home, farm, industry, public place (where?)	
				Msens of Injury	Injured at work?	
1B. Funeral director	OWN JA	www	Some	10 000	1/1	W D
Address	Towson,	Maryls	ınd	John J. Di	ell Kr. 1	N.A.
00	2 2	0	2. Bacons	23. SIGNATURE	Extravel	or other
19. Wate rec's by reg	19 4 8	40	M. Bacon Registrar	Address	full Date signed.	7 /23/41



VS 151

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town.... (If outside city or town limits, write RURAL and give town)

(If rural give location) (e) Citizen of foreign country? (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH...

21. I certify that I took charge of the remains described above, held an

Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry

by said Autopsy. Inspection or Inquiry, find that said deceased came

to death on the day stated above, and death in my opinion resulted from: natural causes M, accident M, suicide M. homicide [], undetermined [] and that the causes of death were:

IMMEDIATE CAUSE OF DEATH.....

(Include pregnancy within 3 months of death)

22. If an external cause was primary or contributing cause of death, fill in the following:

(b) Where did injury occur?.....

(c) Did injury occur at hope, on farm, industrial place, in public place?..... While a work?

(d) Meane of injury

Medical Examin

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correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07017

CERTIFICATE OF DEATH

X	
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Bowleys Quarters, Md. City or town (If outside city or town limits, write RURAL and give nearest town)	State Baltimore County
How long in above piace of dealh?	City or town (If outside city or town limits, write RURAL and give nearest town) Box 277 Chesnut Road, Route 15, Zone 20
How long in hospital or Institution?	(If rural, give LOCATION) WW 1 2
3.(a) FULL NAME Joseph J. Pich	3. (b) Social Security Number
4. Set 5. Color or race white 6.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION
Bessie A.	20. DATE DF DEATH July 1 19.48
6.(b) Name of husband or wife	and that I lost saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediaty cause of death DURATION DURATION
9. Birlhplace Baltimore, Md. (Town. county, and state) Retired Navy Officer 10. Usual occupation.	Due to Chr botters to clear to come of the botters to clear the botters to be a beautiful to the bull of the botters to be a but to be a b
11. Industry or business	fixhous of liver
12. Name	Other conditions
	(Include pregnancy within 8 months of death)
S 15. Birthplace	Major findings of operations
16. Intermant Bessie A. Pich- Wife Address Box 277 Chesnut Rd Route 15, Md.	Autopsy results
Burial 17	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Cemetery or crematory Oak Hill Horner's Lane	Where did Injury occur?
Schimunek Funeral Home Inc	Injured al home, tarm, Industry, public place (where?)
18. Funeral directo 2601-05-05 East Madison Street	meers of triper?
Address 7/13 10 x 8 MM. Hedrick	23. SIGNATURE CONSTRUCTION OF OTHER Address 605 Medical College Signed 1/2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

300 A W

DURATION

CERTIFICA	ATE OF DEATH Reg. Diat. No. 9
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State
How long In above place of death? Hospital, institution, or street address where death occurred: Eudowood Sanatorium, Towson 4, Md.	City or town (1f outside city or town limits, write RURAL and give nearest town) Street No. 28 21 20 20 20 20 20 20 20 20 20 20 20 20 20
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, midward, or althoroad	MEDICAL CERTIFICATION
F W mirried	20. DATE OF DEATH July 6 19.48 at 30.
6.(6) Name of husband or wife	21. I CERTIFY that that hoccurred on the date above stated; that lottended deceased from
7. Birth date of deceased (mo., day, yr.) 4. Strib date of deceased (mo., day, yr.)	and that t last saw harmalive on
8. AGE: Years Months Days It less than one day 2 9 10 1	Immediate cause of death OUR Tulesahu 19
9. Birthplace Philipping (Town, courty, and state)	Que to
10. Usual occupation	Due to
11. Industry or business	
12. Name Edward Dougherty 13. Birthplace Plennsylvadia	Other conditions.
# 14. Maiden name many Samulers	(Include pregnancy within 3 months of death)
14. Maiden name. Mary Saunders 15. 8irthplace Suaryland	Major findings of operations
16. Informan Personal history-Hospital records	
Address Eudowood Saratorium, Towson 1, 1d	22. VtOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or redover, Which?) (Burial, cremation, or redover, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location	Means of Injury Injured at work?
18. Funeral director	1/1/1 B S. 1
Address 2 48 D 3 44.	23. SIGNATURE M. D. centher
19. (Daff rec'd) registrar) Regist	trar Address T. OWSOn 1, Md. Date signed

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

467

07019

CERTIFICATE OF DEATH

Reg. Diat. No. ...

1. PLACE OF DEATH 3	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town(if outside city or town limits, write RURAL and give nearest town)	State Mac County Jallo
How long In above place of death?	(If ontside city or town limits, write RURAL and give nearest town) Street No. Proceeding Proceedings (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Sue Gilbert Preece	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Heursle White Millow	MEDICAL CERTIFICATION 20, DATE DE DEATH July 3 1948 31 5:30 F.1
6.(b) Name of husband or wife Richard & Prices	21. I CERTIFY that death occurred on line date above stated; that I altended deceased from 6/27/4819
7. Birth date of 411 a. 1 5 FF 2	and that I last saw held alive on duly 3rd 1948
8. AGE: Vears Months Days If less than one day	Immediate cause of death
9. Birthplace	Due to Carcinosa of the Liver 3 mas.
10. Usual occupation	Due to
11. Industry or business 12. Name Sulvers 13. Birthplace	Dither conditions
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations Biopsy liver showed
2 15. Birthplace	Car cinona Date of op. 6/7/48
16. Informant Eliza Selletzfly	Autopsy results
Address Prestustocom	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Koudon Varh	Where did injury occur?
Location 3801 Frederich Ruad	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address 1900 Entaw Place	23. SIGNATURE Martin E. Strollef, M. D.
18. (Daforce'd by rggistraf) Registra	Address Reisterstown, Md. Date signed \$13/48

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The R is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

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Servect age

2411 N. Charles St., Baltimore

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07020

Reg. Dist. No. 44

CERTIFICATE OF DEATH

/			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	county Salts.		
(If outside city or town limits, write RURAL and give nearest town)	mind the R		
ow long in above place of death? To you.	(If outside city or town limits, write RURAL end give nearest town)		
ospital, institution, or street address where death occurred:	Street No. 1187 Casters Cive.		
	(If rural, give LOCATION)		
ow long in hospital or institution?	2.(a) If veteran, name war		
(a) FULL NAME Joseph 6, Te	3. (b) Social Security Number		
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
m. H. Hidowed	20. DATE OF DEATH July 15-26 1948 313:00		
(6) Name of bushand or site Margaret m. Junte	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from		
Alla Lay	ears fully 9 1948 to fully 15 19.		
. Birth date of	and that I last saw have alive on fully 13		
	Immediate cause of death DURA		
AGL.	A STATE OF THE STA		
73 4 19hrs.	min. Corougy knowbooks / W.		
Beltinge City	D. a.ta		
. Birthplace	Due to		
), Usual occupation Letised mechanic			
	Oue to		
1. Industry or business			
12, Name Joseph To Junte	Other conditions		
13. Birthplace Zinhann			
2. 6-1-1	(Include pregnancy within 3 months of death)		
14. Malden name	Major findings of operations. CCO		
14. Malden name	Date of op.		
Till Pto 0	TUD		
6. Informant	Autopsy results		
Address 9/87 Castern Core. Old.			
17 Burial Date thereof Tuly 19-194	22. VIOLENCE: It death was due to external causes, fill in the tollowing;		
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or hemicide		
Cemetery or crematory Oak Lason	Where did injury occur? (City or town) (County) (State)		
E + (B)			
Location assum wighter.	Injured at home, farm, industry, public place (where?)		
8. Funeral director John S. Connelly	Means of Injury Injured at work?		
With filt of	0		
Address 4/8 Castern Com. Colory	23. SIGNATURE James J. Waite, M. D.		
Dole Marcalle 7 regula	M. D. or other		
19 19 19 17 70	422 Callen Aug. 7/19		

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MARYLAND STATE DEPARTMENT OF HEALTH

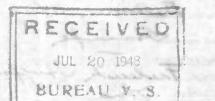
2411 N. Charles St., Baltimore

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0700x

CERTIFICATE OF DEATH

I. PLACE OF DEATH:	(For newborn infants give residence of mother).		
County 3	D 1 (.00)		
(If outside city or town limits, write RURAL and give nearest town)	State County		
,	City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	a III I a Dat		
	Street No. 410 Occhard Ove, Blewne		
	(If rursl, give LOCATION)		
How long in hospital or institution?	2.(g) If veleran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
11 00			
LAURA HOFFMAN	PURCELL		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Temple while widow	20. DATE OF DEATH. 20 14 15 19 48 21 11 /A M		
6.(6) Name of husband or wife Robert P. Pausell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth dale of 20	and that I last saw halive on		
deceased (mo., day, yr.) april 28 1878			
8. AGE: Years Months Days If less than one day	Immediate cause of death		
70 2 /7nin.	need on accord		
R Mai of	1 ATIMOR OCCURING		
9. Birthplace	Oue to.		
11			
10. Usual occupation	Oue to.		
11. Industry or business			
12. Name Tarderick Stoffman 13. Birthplace Ofice	Other conditions		
	Office Conditions		
	(Incinde pregnancy within 3 months of death)		
14. Maiden name deolis Bueller			
14. Malden name And Come Sweether 15. Birthplace Olivo	Major findings ol operations.		
≥ 15. Birthplace			
16. Informant for Pobeth 1. Veille fr	Antopsy results		
7 . 1 . a. T. 1. C. T . 1. A.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Mayfaw ages. Willington Od	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 December 19 - 1948	Accident, suicide, or homicide		
17. (Burial, cremation, or removal, Which?) Oate thereof (month) (day) (year)			
Cemetery or crematory allegaten themeral 19	Where did injury occur?		
Pettal	injured at bome, farm, industry, public place (where?)		
Location Al VI has Alexander	Means of Injury Injured at work?		
18. Funeral director	Λ . σ		
Address While J. Loull, Gel	(4 m. Thomas		
0	23. SIGNATURE M. D. or other		
19. July 15 1948 Mrs. Howard S. Markh			
(Late rec'd by registrar) Hegistrar	Address & author, med Bale signed 7 / 6/10/10		



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RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

()7()22 Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DE	ATH:	125		2. USUAI, RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Raltimore City or town Rort Howard (If outside city or town limits, write RURAL and give nearest town)		State Maryland County				
How long in above place of death? 54 days		City or town. Baltimore. (If outside city or town limits, write RURAL and give nearest town)				
How long in above place Hospital, institution, or	street address wher	e death occurred	:	Street No. 2219 Gough Street		
Vets.Adm.Hospital, Fort Howard, Md.		(If rural, give LOCATION)		1/		
How long in hospital or	or Institution? 54 days			2.(a) II veteran, name war		
3. (a) FULL NAM					3. (b) Social Security	Number
THEODORE S. RADOMSKI			11 X 17 T	unknown		
4. Sex	1 5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	_1	Single	20. DATE OF DEATH July 28		
6.(b) Name of husband	or wifeSing	gle		21. I CERTIFY that death occurred on the date above	stated; that I attended dece	eased from
		June 4 1948 to July 28 1948 and that I last saw him alive on July 28 1948				
7. Birth date of deceased (mo., day,)	1 -0 -					
8. AGE: Years		Days	If less than one day	Immediate cause of death. Pulmonary tuberculos	gig fan	3-1/2
29	3	10	hrs min.	advanced active		
				Due to.		
9. Birthplace Baltimore, Maryland (Town, county, and state)		Due to		***************************************		
					***************************************	**
11. Industry or busines			Due to		***	
-41		l = l i		Dther conditions	***************************************	***
		lomski				
3. Birthplace Poland		(Include pregnancy within 3 months of death)				
里 14. Maiden nameJosephine Schultz		Major findings of operations				
14. Maiden name 15. Birthplace	Poland					
16. Informant Clinical Records, Vets Adm. Hosp.		none		*************************		
				PHYSICIAN: Please underline the cause to which	h death should be charged	statistically.
	t Howard,			22. VIOLENCE: If death was due to external cause	s, fill in the following;	
17. Buria	Whis	Date ther	eol Quega 2, 1948 (mogh) (day) (year)	Accident, suicide, or homicide	Date of	
(Burial, cremation	Holv F	losarv (lemetery	Where did injury occur?(City or town)		(Ct-to)
Cemetery or crematory Holy Rosary Cemetery Baltimore, Md.			M.			
Location				Injured at home, farm, Industry, public place (when	Injured at work?	
18. Funeral director			hn M. Weber	Meens of Injury	Injured at work?	
The second second			401 S. Chester			
Address					Chief PMDD	offetherri cas
19	20 194		Marke St. Registrar	Address VAH, Ft. Howard,	Md Date stored	7_20_18
(Date rec'd by re	gistrar)	-	Registrar	Address	Pare Ziguen	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Ballo.	(For newborn infants give residence of mother)
City or town Ownice null - Kenal	State Red County Dello
City or town(If outside city or town limits, write RURAL and give nearest town)	City or town Oursegs Mulls Renal
How long in above place of death?	(If outside city or lown limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. July James and
	(If rural, eve LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
O TO TO THE HAMP	zule
70,000	
4. Sex 5. Color of rade 6.(a) Single, markind, widowed, or divorced	MEDICAL CERTIFICATION
M W Manager	20, DATE OF DEATH 7 - 6 - 48 19 19 19 19 19 19 19 19 19 19 19 19 19
1 Trapecta	AU, DAIL SI BEATH.
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Ga	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7. Birth date of	and that I last saw h/M alive on 7 - 5 - 19 48
deceased (mo., day, yr.) Loce 28, 1863	Immediate cause of death
8. AGE: Years Months Days If less than one day	Immediate cause of death
84 6 8	2-12-
14 6 1	f Towns
9. 8irthplace Janeaster Jane	Due to.
9. 8irthplace	prostrate - Donney
10. Usuai occupation	- La L 19 44
	000 10
11. Industry or business	
12. Kame	Other conditions.
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Soulie Peeling	
E 14. maiden name.	Major fiadings of operations.
14. Maiden nameSophie Geeking	Date of op.
16. Informant Mus Hahua Kanes	Autopsy results
0 : 0 m : 01 0 = 10	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Oungs Miles, M. F. A.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Buil bate thereof 7-9-48	Accident, suicide, or homicide
(Burlal, cremation, or removal. Which?) Date thereof (month) (day) (year)	Additional and the second seco
Cemetery or crematory	Where did injury occur?
Colone Ole med	Injured at home, farm, Industry, public place (where?)
Localion Cochange and Cochange	
18. Funeral director. Landon In Colored	Means of Injury Injured at work?
	12 11 1188
Address Sparts, Med	23. SIBRATURE ANNO STATE OF THE
Wilmer C.Ensor	M. D. or other
19. (Date rec'd by registrar) Registrar	Address Challedler 7 Date signed

RECEIVED

JUL 10 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

WITH UNFADING INK. Supply every item of information c. ully important. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

				Reg. Dist. No	·	
1. PLACE OF DE	timore		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:		
City or town	onsville outside city or town li e of death? 5 yes r street address where	mits, write RURAL and give nearest town) ars, 9 months, 13 days	State Maryland County Anne Arundel City or town Arnold (If outside city or town limits, write RURAL and give nearest town) Street No.			
	-	ears, 9 months, 13 days	(If rural, give l			
3. (a) FULL NAM	Reading			3. (b) Social Security 1	lumber	
4. Sex Female	5. Color or race White	6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CE 20. DATE DF DEATH. July 27	RTIFICATION	4 a.	
	or wife Geor	ge Reading	21. I CERTIFY that death occurred on the date abov	e stated: that I attended decea 42 to July 27,	sed from	
deceased (mo., day. 8. AGE: Year		5, 1851 Days It less than one day 22	Immediate cause of death	i	DURATION 12 hour	
9. BirlhplaceM	aryland	county; and state)	Due to Arteriosclertic H		Indef.	
11. Industry or busines	Dome sti		Disease Disease		Indef.	
12. Name		7.	Other conditions		*****************	
14. Maiden name	unknown unknown	·····	Major findings of operations			
16. InformantH	ospital re	cords	Antopsy results. NONE PHYSICIAN: Please underline the cause to whi			
17(Burial, cremation	atonsville Burel h, or remoyal. Which?)	0 Della 31, 118	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	es, fill in the following;		
Cemetery or cremate	Ball	tuese-ud/	Where did Injury occur?(City or town) Injured at home, farm, Industry, public place (whe			
18. Funeral director	will	To hanks &	Means of Injury	Injured at work?		
Address 7-27	Ma 1948	1/5 Horas	23. SIGNATURE Isadore Tuerk	M.D. oi	other	
(Date rec'd by re	egistrar)	Registrar	Address Catons ville 28, 1	Id. Date signed	7/27/48	



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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTIFICAL	E OF DEATH Reg. Dist. No.
County County Cliy or town. (If outside city or town limits write RURAL and give nearest town) How long in above place of death? Hospilal, institution, or street address where death occurred: How long in hospital or institution?.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mother) State County Baltimore City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If reteran, name war.
3. (a) FULL NAME Caroline Catherine	Reiblich 3. (b) Social Security Number
Female White Widout	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 21. I CERTIFY that that beath occurred on the date above stated; that the deceased from
8.(b) Hame of husband or wife	and that I last saw h.C. allve on
8. AGE: Years Months Days If less than one day	(Termonal) 10days
9. Birthplace (Town, equity, and state) 10. Usual occupation (Town, equity, and state)	Due to. Due to. Due to.
11. Industry or business	
12. Name Carl Johnson	Other conditions
14. Maiden name Oura Martha Sospel	(Include pregnancy within 3 months of death) Major findings of operations
El 15. Birthplace Corrador Reiblich	Autopsy results.
Address Box 59 - Dogwood Rd:	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?) Bate thereof July 31, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Cemetery or crematory 2 000 0000000000000000000000000000000	Where did injury occur?
Location Moodlaum Ma	Injured at home, farm, Industry, public place (where?)
18. Funeral director Clawott Umacoo	Means of Injury Injured at work?
Addressing 11 Suberty Bughts are	23. SIGNATURE Cuit W Johnson M. D
19. 7/30 (Date rec'd by registrar) 19. 48 Wheduil Registrar	Address 3432 Dredewick green

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WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	IE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	Robinson 3. (b) Social Security Number
France While Widow Midow divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 9 1548 1823 7
5.(b) Name of husband or wife Charles J. Roberts 5.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4 b, to July 73. 19. 4 b and that I last saw h 21. alive on July 15. 15. 15. 15. 15. 15. 15. 15. 15. 15.
deceased (mo., day, yr.) Cuts det 1860	Immediate cause of death
8. AGE: Years Months Days If less than one day 87 11 /hrsmin.	Cardia failure 5day
9. Birthplace Glietelle Gosheo Pa	"neghritis Chr. and
11. Industry or business	auterisolarous. Unk
12. Name Edmond Celler 13. Birthplace Please	Dther conditions
14. Maiden name Olice Harkens 15. Birthplace Chesturet Hill mid	(Include pregnancy within 3 months of death) Major findings of operations
18. Informant Tessie Kertz	Aotopsy results. 2002.
Address forest bell mid	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (mostly (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Les Checkery of Hell Herfall	Where did injury occur? (City or town) (County) (State)
18. Funeral director Manhy Shung 20	Means of Injury Injured at work?
Address farietts vifff fight	23. SIGNATURE / Dewell a. Steen
19. Date rec'oby registrat) Date rec'oby registrat)	Address Lutherville, Moder signed 7(2) 74)



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PLEASE

(Date rec'd by registrar)

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2200

Registrar Address 1. 23 Y Sulphun Spinn, Pel Date signed I

07028

CERTIFIC	ATE OF DEATH	Reg. Dist. No	40
in PLACE OF DEATH: Soundly Balling Company (If outside city or town limits, write RURAL and give nearest town) tow long in above piace of death? Sospital, Institution, or street address where death occurred: 5636 Cample Company tow long in hospital or institution?	Street No. 5636 Carve		eareat town)
3 (a) FILL NAME		3. (b) Social Security	- Namban
Lola Francis Roess	lei	none	,
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced White wedow	A A	CERTIFICATION 9 19 43	, at5
6.(b) Name of husband or wife Alexander Robester 7. Birth date of deceased (mo., day, yr.) October 11, 1884		above stated; that I attended dec	919
8. AGE: Years Months Days It less than one day 13 43 28	Immediate cause of death Cerebral H	emortage	DURA
9. Birihplace Ceslan Rapidle Java. (Town, county, and state)	Due to Nyperlin	ušn	- F
10. Usual occupation	Due to		
12. Name John Janny 13. Birthplace Worknown.	Diher conditions		***************************************
14. Maiden name unknown 15. Birthplace unknown	(Include pregnancy within :		
16. Informant Charles A Presser.	Antopsy results		
17. (Burial, cremation, or removal, Whise) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external c	Date of	
Cemetery or crematory	Where did lajury occur?		
18. Funeral director. Philips Sharwing Soul	Means of Injury	Injured at work?	
Address 2024 Celeans St	23. SIGNATURE William	gwodman,	m.i

JARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

Reg. Diat. No. 30

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cotongrillo	state Maryland county
City or town	
How long in above place of death? 5 Weeks	City or town Catons ville (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: House of Pines, (Convalescent home	Street No. 16 JUSTING AVO
How long In hospital or Institution? 5 Weeks	
	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Paul Manuel Rosazza	218-09-7843
4. Sex MALS 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH 4 11. 9-M
6.(b) Namo of husband or wife Elizabeth Rosazza	21. I CERTIFY that doubt occurred on the date above stated: that attended deceased from
	10 48 10 Johnson 25 10 48
7. Birth date of deceased (mo., day, yr.) August 5. 1869	and that last saw har Nalive on Sent for 125 18 48.
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
	my scarry flegendality
	of Fringers 6 mo-
9. DirthplaceItaly(Town, county, and state) e	Due to Thypuruman
10. Usual occupation Retired Forman	Styndotty -
11. Industry or business General Contracting	Due to.
	Alta and the same of the same
12. Name Unknown 13. Birthplace Italy	Other conditions
E IIn lan our	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Date of op.
16. Informant Mrs. Elizabeth Rosazza	Autopsy results.
Address 16 Fusting Ave., Catonsville	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereof 7-28-48 (Burial cremulion, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Cathedral	Where did injury occur? (City or town) (County) (State)
Location Baltimore City	Injured at home, farm, Industry, public place (where?)
18. Funeral director C. Lesman Lemman.	Means of Injury lojured at work?
AGII Don's Height A	111,11
	AS SIGNATURE O A MONTH A MISSON
19. 727 18 48 D. Hedric	610 Frederick Road Culansville
(Date/rec'd by registrar) Registrar	Address Bate signed 7/26/48

Friends her, by phone from The Receipt at House in Plus. 8/10/48-915 330/ LOGSK ** **

2411 N. Charles St., Baltimore

07030

CERTIFICATE OF DEATH

eg. Diat. No. 32

1. PLACE OF DEATH: County. Beautiful County. Be	1	Nog. Disc No.
State. Continue City or Issue. City continue (it constitute of the City or Issue. City or Issue. City optical city or town limits. White City of Issue. City optical city or town limits. White City optical city or town limits. White City optical city or town limits. White City optical city or town limits. City optical city of town limits. City optical city	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or twen. City or twen limite, write RURAL and give nearest twen? Brow long in aborg to death? Hospital, institution, or street address where death occurring: The long in hospital or institution? The long in hospit	County Back Hto ave	
Street In 2. Walkington or interest address where some occurring. Street In 2. Walkington 11 (It revers) agree to the control of		A
Row long in hospital or institution? Comparison Comp	Hospital, Institution, or street address where death occurred:	
Bow loog in hospital or institution	Agena	(If rural, give LOCATION)
Root. Story Root. 8. Sex D. Scolor or race S. (a) Name of hurband or wite. S. (b) Name of hurband or wite. S. (b) Name of hurband or wite. S. (c) It alive, give age. S. (c) It alive, give age. S. (d) It alive give age. S. (d) It	Now long in moshital of institution:	2.(d) If reterall, frame war.
5. Color or race S. (a) Name of hurband or wile 5. (b) I alive, give age 7. Birth date of decayed from, day, yr.) 8. AGE: Years Months 9. Birthplace 10. Usual occapation 11. Industry or business 12. I Sent Age 13. Birthplace 14. Birthplace 15. Informant 16. Informant 17. Birthplace 18. Informant 19. Usual occapation 19. Usual occapation 10. Usual occapation 11. Industry or business 12. I Sent Spice 13. Birthplace 14. Birthplace 15. Informant 16. Informant 17. Birthplace 18. Informant 19. Usual occapation 19. Usual occapation 10. Usual occapation 11. Industry or business 12. I Sent Spice 12. Name 13. Birthplace 14. Birthplace 15. Informant 16. Informant 17. Birthplace 18. Informant 19. Usual occapation 19. Usual occapation 19. Usual occapation 10. Usual occapation 11. Industry or business 12. I Sent Spice 12. Name 13. I Sent Spice 14. Birthplace 15. Informant 16. Informant 17. Usual occapation 18. Informant 19. Usual occapation 10. Usual occapation 11. Industry or business 12. I Sent Spice 12. Name 13. Itification 14. Birthplace 15. Informant 16. Informant 17. Usual occapation 18. Informant 19. Usual occapation 19. Usual occapation 10. Usual occapation 11. Industry obusiness 12. I Sent Spice 12. Name 13. Itification 14. Birthplace 15. Informant 16. Informant 17. Usual occapation 18. Informant 19. Usual occapation 19. Usual occapation 19. Usual occapation 10. Usual occapation 10. Usual occapation 11. Industry obusiness 12. Usual occapation 13. Itification 14. Birthplace 15. Informant 16. Informant 17. Usual occapation 18. Informant 19. Usual occapation 19. Usual occapation 19. Usual occapation 10. Usual occapation 11. Industry obusiness 12. Usual occapation 13. Itification 14. Birthplace 15. Information 16. Information 17. Usual occapation 18. Information 18. Information 19. Usual occa		1219-10-9958
20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above states: I that I allended deceased from 19. 3. Birth date of deceased (mo., day, yr.) Dec. 31 19.25 (mooth) 3. Birthplace. 3. Birthplace. 3. Birthplace. 3. Birthplace. 3. Birthplace. 4. Maiden name. 5. Maiden name. 5. Maiden name. 5. Maiden name. 6. Maiden name. 7. Birthplace. 7. Birthplace. 7. Birthplace. 7. Birthplace. 7. Birthplace. 8. Action, resemble. 8. Maiden name. 9. Birthplace. 8. Maiden name. 9. Birthplace. 9. Maiden name. 9. Birthplace. 9. Maiden name. 9.		MEDICAL CERTIFICATION
5.(c) Hame of husband or wite 5.(c) Haller, give age 7. Seith date of deceased (mo. day, 7t.) DCC .31 8. AGE: Years Months 9. Birthplace 10. Usual occupation Marie (Marie Law of L	male white Single	
S. (c) It alive, give age years and half last saw h. Astilic of deceased (mo., day, yr.) Dec. 3193 8. AGE: Years Months Days It less than one day 10. Usual occupation (Town, county, and status) 11. Industry or husiness (1.3 Act) 12. Name 1.3 Birthplace 13. Birthplace 14. Maiden name. 15. Internated (March 1.4 Maiden name) 16. Informatic (March 1.4 Maiden name) 17. Birthplace 18. Actorsy results. 19. Was underlined by regulatory. 19. Was underlined by regu	S.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated: that I allended deceased from
Immediate cause of death DURATION		- 4-0
8. AGE: Years Months Pays If less than one day hrs. min. 9. Birthplace Mounty and state P. 10. Usual occupation Mile Library (Library Library County) and state P. 11. Industry or business L. S. How. 12. Name Library County and state P. 13. Birthplace Mounty L. Address L. S. How. 14. Maiden name L. C. Library County L. Major findings of operations. 15. Birthplace Mounty L. Address L. S. Library County L. Major findings of operations. 16. Informant M. Library County L. Major findings of operations. 17. Autopsy results. PHYSICIAN: Please underline the case to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Completely or assessory of Advanced Library L. Major findings of operations. 18. Funeral directory Major findings of operations. 19. Major findings of operations. Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death) Major findings of operations. (Include pregnancy within 3 months of death)		01047101
S. Birthplace	8. AGE:	Fractured Shall 5 min
Due lo 11. Industry or business / 12. Name 13. Birthplace Mary land. 14. Maiden name 15. Birthplace Mary land. Address 2 2 20 Wall rook 16. Informant 17. (Burial, cremation, or removal, Which) Cemetery or assectory 18. Funeral directors 19. Address florth eth 19. Address florth eth Address florth eth 19. Address florth eth 10. Jack Mary 11. Maiden name Due lo Dither condillons (Include pregnancy within 3 months of death) Major findings of operations Date of op Autopsy results PHYSICIAN: Please underline the canse to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suckde, or homicide Macro did Injury occur? Milliand at home, farm, industry, public place (where?) Means of injury Mans of injury Mans of injury M. D. or other M. D. or o		Fragling mandible 3 min
Due 10. 11. Industry or business 1. S.		Due to Aura Communication of the total of th
Dither conditions. 12. Name Davids Davids	10. Usual occupation Mail Carrier (Wellsoute)	Due I o
13. Birthplace Mary Land 14. Maiden name Eliminate Mary Land 15. Birthplace Mary Land 16. Informant Mary Land 17. Burial 18. Funeral directores Location and directores Location and the following the		
14. Maiden name. Elsie & Novice Major findings of operations. 15. Birthplace May land	E 12. Name Walter J. Ross	Dther conditions
Address Porther Companies of the following (State) Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. County) County Count		(Include pregnancy within 3 months of death)
Address Porther Companies of the following (State) Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. County) County Count	14. Maiden name	
Address 2 - 50 Was brook Case 17.	15. Birthplace Viary Land	Date of op.
22. VIOLENCE: If death was due to external causes, fill in the following: (Burial, cremation, or removal. Which?) Cemetery or examplery. Location	1/0 0	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Where did Injury occur? Proceeding (County) (State) Location Balts Ma (County) (State) Location Balts Ma (County) (State) Injured at home, farm, Industry, public place (where?) Higher all work? Means of Injury Auto Accordent Injured at work? Address North & fo. Ove. Balts Ms. 23. SIGNATURE D. D. Caples Med. Example M. D. or other M. D. or other	0 1 2 21-49	
Injured at home, farm, Industry, public place (where?) Highway 18. Funeral directors Injured at work? Address Porth & fo. Ove. Bolts Mb. 23. SIGNATURE. Dr. D. Caples Med. Exam. M. D. or other M. D. or other M. D. or other	17	Accident, suicide, or homicide.
18. Funeral director of the former of Sons Address North & for Over Balto Mo. 19. Qully 20, 19. 48. Com Helling Report Report Former Medical Months of State of Sons Months of State	Cemetery or exemptory Balto Rosconal	(City of town)
18. Funeral directors of the form of the f	Location Sallo, MA	Injured at home, farm, Industry, public place (where?)
19 July 20 19 48 a. w. Hedrend Renterstant Med 7-18-368	18. Funeral directors I. Lepner & Sons	means of injury course of injuried at works
19. Selly 20 19 48 a. w. Selly 21 Registrar Address. Reinsternstown, Med Date signed 7-18-348	Address North & ta. We Balls, Md.	23. SIGNATURE Dr D. D. Caples med. Exam
	19. July 20 19 48 a.w. Black (Where rec'd Frégistrar)	Address Reinsterstown, Jud Date signed 7-18-348

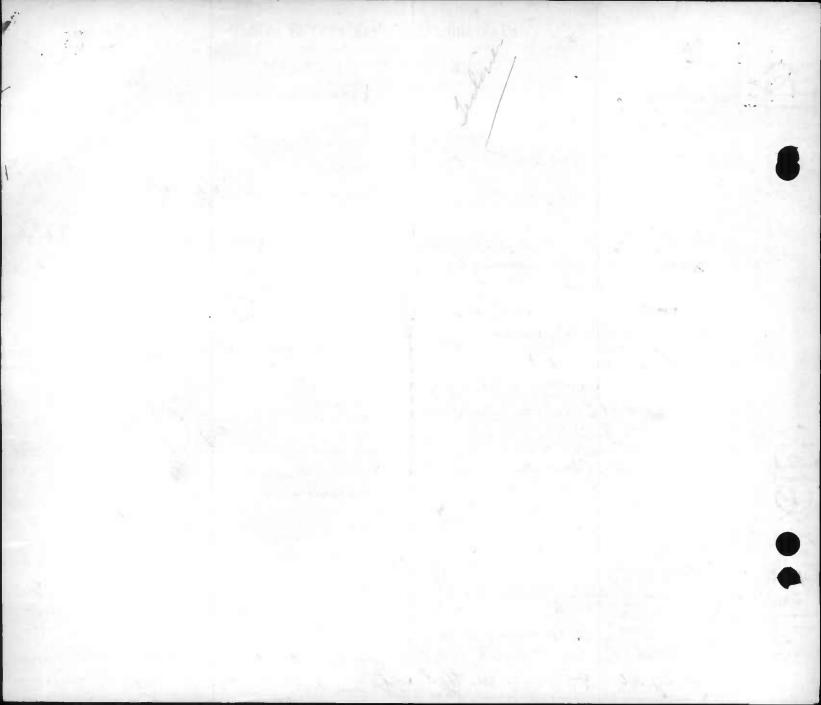
ADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and le

PLAINLY, WITH UNF is especially important.

PLEASE

RESERVED FOR BINDING

MARGIN



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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07031

CERTIFICATE OF DEATH

Reg. Die	ıt.	No.			32	3
	U		1	Ê	J	J

How long in above place Hospital, institution, or	timore ikesville outside city or town i e of death? Life r street address where	death occurre	RURAL and give nearest town) Marvland d:	(If outside city or town limits, write RURAL and give nearest town)				
How long in hospital o	r Institution?			2.(a) If veteran, name war	***************************************	•••••		
3. (a) FULL NAM	Harr		or Sasscer		3. (b) Social Security	Number		
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CI	ERTIFICATION			
Male	White		Married	20. DATE DE DEATH July 18,	,, 48	9:30 PM		
	Most 3	Ruth Sa 81, 187	(c) If alive, give age	21. I CERTIFY that death occurred on the date abo Several years	ove stated; that I attended dece to July 18,	eased from		
8. AGE: Years	11.7	Days	It less than one day	Immediate cause of death	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DURATION		
72	1000	18	hrs. min.	Coronary Thrombos				
11. Industry or busines	Construct	nbrose	atate) Ork (Retired) Sasscer	Dus to. Chronic Myocardi: Due to. Arterio Sclero: Other conditions.	tis	2		
14. Maiden name. 15. Birthplace	Mary! Isabelle	France	es Berry	(Include pregnancy within 8 m	••••••			
16. Intormani	TOT HALL		e,Pikesville, Md.	Autopsy results				
17(Barial, cremation Cemejery or cremato Location	ocemoval. Which?	Date there Marylan Newell	eet fully 2 - 4 Cemetery	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	(County)	(State)		
7 - 19 19. (Date rec'd by record)	- 48	Dr	E. E. Nichols The Begistrar	23. SIGNATURE 6.4 / L. C. Address Pikesville-8, Md.	M, D. o	or other 7/19/48		

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JUL 21 1948

BUREAU V. S.

* .,*

PLEASE WRITE

A15 S S correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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		4/
g.	Diat.	No.

VAH, Ft. Howard, Md. Date signed 7-12-48

			CER	TIFICAT	E OF D	EATH		Reg. Dist. No	T /
1. PLACE OF DEAT County Baltin City or town For Cit out How long in above place of Hospital, institution, or s' Vets Admo- How long in hospital or in 3. (a) FULL NAME	nore	limita, write I Days death occurre	RURAL and give node	aryland	StateMin	Baltimo (If outside cit 18 Bona	ore y or town limits parte Av (If rural, give		earest town)
3. (a) PULL NAME	CONRA	DH. S	CHLUTTER (CONRAD	HERMAN	SCHL	(משתיים	3. (b) Social Security Unknown	Number
4. Sex	5. Color or race		a, married, widowed,					ERTIFICATION	
Male	White		Married					.48	.8.00 P
6.(b) Name of hyspard on 7. Birth date of deceased (mo., day, yr.)	3 35 0		hlutter		21. I CERTIFY the Dece	at death occurre mber 2 wh.im.ali	d on the date abo 7	ve stated; that t ettended do: 17	19. 48
8. AGE: Yeare	Months	Daya	If less than one	day	Immediate cause	ol death	47		DURATION
68	5	25	hra.	min.		W. T. P.	LLLUIC	***************************************	5 Weeks
9. BirthplaceBalt: 10. Usual occupation	Unemploye	d		***************************************	hyperte mo and	nsion, aortic	cardiac regurg	rt with enlargement itation tiary	16 Yrs.
12. Name Fre		.WILLEW.D. W.			Giner conditions		holiste.gWheele.	.o.Lauy	CIRTOWIL
14. Maiden name	Doris Jac ermany	obs			Major findings e	***************************************	**********************	nonths of death)	
16. Informant Clini	ical Reco Ft. Ho			Hosp.		ease underline		ich death should be charge	f statistically.
Burial (Burial, cremation, o Cemetery or crematory.	Baltimo Balt	re Nat	Md.	etery	Accident, suicide, Where did injury injured at home,	ar homicida	(City or town)	Date of (County)	(State)
Address N (Date rec'd by regis	ORTH AV	E. & 1	BROADWAY	1	H. Aufart	Hema C. MAN	AUGH, M.	Injured at work? D. Chief Pro	•rSer•
(Date rec'd by regis	trar)	-		Registrar	Address VI	AH, Ft.	Howard,	Md . Bate signed	7-12-48

PLAINLY, Vis especially

PEEASE WRITE

FOR BINDING

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

117099

	TE OF DEATH Reg. Dist. No	44
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest to street No. 1906 No. Rose Street (If rural, give LOCATION) 2.(a) If veteran, name war WW.—I	town)
3. (a) FULL NAME G. CARL SCHMIDT	3. (b) Social Security Number Unknown	ber
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH JULY 7, 18 48	:30 A
6.(b) Name of Suyband of wife Iouise Schmidt	21. I CERTIFY that death occurred on the date above stated; that I altended deceased for June 11.9 19.45 to July 7.9 and that I last saw h im alive on July 7.9. Immediate cause of death	19 48
8. AGE: Years Months Days If less than one day 61 6 3 hrsmin.	0. 1 7 7 0. 1	
9. BirlhplaceGermany (Town, county, and atate) 10. Usual occupation Unemployed 11. Industry or business	Due to Arteriosclerosis 1	Yr.
12. Name Unknown 13. Birthplace Germany	Other conditions	,
14. Maiden name Bertha Brown 15. Birthplace Unknown	Major findings of operations	
16. Intermant Clinical Records, Vets. Adm. Hosp.	Autopsy results. Substantiated above. PHYSICIAN: Please underline the cause to which death should be charged statist	
Burial Date thereof (month) (day) (year) Cemetery or crematory Baltimore Cemetery Baltimore, Md. 18. Funeral director Ullrich Funeral Home Address / Baltimore, Md.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	ate)
19. 7 15 19 48 A. W. Hedred (Date yee'd by registrar) (Date yee'd by registrar) Registrar	M. GINSBERG, M.D.	-18

07034

CERTIFICA	ATE OF DEATH Reg. Diat. No. 4
1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lafants give residence of mother) State
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME Elizabeth	3. (b) Social Security Num
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Fanale 6.(b) Name of husband or wife	20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr. Mug 22 / 858 8. AGE: Years Months Days If less than one day 10 25	and that I last saw how alive on the last sa
9. Birthplace (Town, county, and state) 10. Usual occupation.	Due to Du
12. Name Inn Schmiddle 13. Bythplace Germany 14. Maiden name Regima Scimullar 15. Birthplace Germany	Diher conditions
16. Informan MAS. Truest Cublish Address Long Green Out	Antopsy results
17 Dutical (Burial, cremation, or removal, Which?) Cemetery or crematopy Cemetery or crematopy	Accident, suicide, or homicide
Location 19 Cen Bann Mod 18. Funeral director Many Michael Land Land	Injured at home, farm, industry, public place (where?) Injured at work?
Address 19 Stock open. 19. (Dafe rec'd by registrar) Registr	23. SIGNATURE M. D. or of M. D



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. • 2411 N.	Charles St., Baltimore 527
CERTIFI	CATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Baltimere County Fort Howard, Maryland City or town (If outside city or town limits, write RURAL and give nesrest town How long In above place of death? Hospital, institution, or street address where death occurred: Veterans Administration Hospital How long In hospital or Institution? 1.2 days 3. (a) FULL NAME	(If outside city or town limits, write RURAL and give nearest town) Street No. 2643 Lauretta Avenue (If rural, give LOCATION) W I
Harry T. Schmitt	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. July 14 19 48 21 5:00 P
6.(b) Name of buyband/or wife Garrie I. Schmitt 6.(c) It alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 19.48 10. July 14 19.88
November 20, 1892 New months Days tt less than one day State Sta	Immediate cause of death DURATION 2 Wks
9. Birthplace	Due to Due to 16 mo
13. Birthplace Baltimore, Maryland	Other conditions Carcinoma of bladder, Post Unknown operative (Include pregnancy within 3 months of death) Major fiedings of operations Total cystectomy - 6-18-47
14. Maiden name Mary Young 15. Birthplace Baltimore, Maryland 16. Informant Clinical Records, Vets. Adm. Hesp	Bilateral ureterosigmoidostomy of op 4-29-47
Address FOFE HOWAFA, MERYJANA 17. Burial, cremation, or regnoval. Which?) Cemetery or crematory Location Howard Blight, Jr.	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
Address 4914 Belair Rd., Balto., Md.	23. SIGNATURE H.C. MANAUGH, M.D. Chief Pro Der Vices H.C. MANAUGH, M.D. Chief Pro Der Services Address VAH, Ft. Howard, Md. Date signed 7-15-48.

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

07036

CERTIFICATE OF DEATH

leg. Dist. No. 33

1. PLACE OF DRATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infinits give residence of mother) State
3. (a) FULL NAME Raymond I chulther	3. (b) Social Security Number
4. Sex 5. Color office 6.(a) Single, married, widowed, or divorced m.	MEDICAL CERTIFICATION 20. DATE OF DEATH. July 21 19.48 21 10 A
6.(b) Name of husband or wife Cacile Marie Roberto 6.(c) If allve, give age 46 years 7. Birth date of Page 46	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from November 28 19.47 to today 19. and that I last saw h im alive on July 21, 19.48
7. Birth date of deceased (mo., day, yr.)	Immediate cause of death OURATION Coronary occlusion
9. Birihplace Bally (Town, county, and state) 10. Usual occupation us. army Retired	Due to. Arteriosclerosis and hypertensive heart disease
11. Industry or business 12. Name Schiel theis 13. Birthplace Balls	Diabetes Bronchial asthma, emphysema (Include pregnancy within 3 months of death)
14. Maiden name mang and Com Hoffman 15. Birthplace Balt.	Major findings of operations
16. Informant John to Schulffeld ave. Balls	Actopsy results
17. Burial (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Ball. Malarial Location Frederich are, Balli:	Where did Injury occur?
18. Funeral director um. Berryman + Sons Address Rus less lown mg	Means of injury Injuged at work?
Address 19. 7-23-19. 48. Mary B. Fline (Date ree'd by registrar) (Date ree'd by registrar)	23. SIGNATURE

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

PLEASE

MARGIN RESERVED FOR BINDING

JUL 26 1948

BUREAU V. S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

832 2411 N. Charles St., Baltimore

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			U	

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATHS allimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State MA County Julio.
	City or town Nava brook
How long in above place of death?	City or town (if outside sty or town limits, write RURAL and give nearest town)
Mercy Illa Dellona ans	Street No. (If rurnl, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Elizabeth Re	a Simouds 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I Wydowra	2D. DATE DF DEATH July 27 1948 40 21 15A
6.(b) Name of husband or wife Edward Louis Simonds	21. I CERTIFY that death occurred on the date above stated; that Lettended deceased from
7. Birth date of May 14 1862 give age years	and that I last saw h. 12 alive on
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death Low Elman heurschafe DURATION
86 2 /3min.	5 Lays
9. Birthplace Pritts borgh Pa.	Due to Generalized anterios clerons
(Town, co(6ty, and state)	1 Jupaktrus un
10. Usual occupation	Due to
11. Industry or business	
12. Name John Jea	Other conditions Recedenal house blegia
13. Birthplace unknown	due to ceralinal housembases, July 15/4
14. Malden name Hannah Jaughlin 15. Birthplace empersons	(Include pregnancy within 3 months of death)
15 Richniges surknown	Major findings of operations.
ma Completell Commen	Date of op.
to. Interment Williams of Day of the Control of the	Autopsy results
Address of 2 Nepossis 1 mist co Bollon	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remoyal, Which?) (Burial, cremation, or remoyal, Which?) (Burial, cremation, or remoyal, Which?)	Accident, suicide, or homicide
Mari than	Where did injury occur? (City or town) (County) (State)
Back- ned	
Location July L	Injured at home, farm, Industry, public place (where?)
18. Funeral director JEnny 18 Jankino Jons C	Means of Injury Injured at work?
Address 4905 York Road ~	P. A. P.
7/27/48 018 42	23. SIGNATURE ALLES ALL D. Or other
19	Address 1207 Eutaes / Place Date signed July 27/4

Dr Louis PHamburger, Sh. 1207 Eulau Place

2411 N. Charles St., Baltimore

462

Address 10 w 80 w 4 Md Date signed 7/2

CERTIFICAT	TE OF DEATH Reg. Diat. No	P3 1
1. PLACE OF DEATH: County. City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 230 Buyke Avenue How long to hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Make County Day House (If outside city or town limits, write RURAL and give new Street No. 230 Buy Se Versue (If rural, give LOCATION) 2.(a) If veteran, name war.	earest town)
3.(a) FULL NAME William Henry SON	3. (b) Social Security	Number
Male White Married Married	MEDICAL CERTIFICATION 20. DATE OF DEATH JULY 26, 1848.	, at
8. (b) Name of	21. I CERTIFY that death occurred on the date above stated; that I attended decided the state of	26 19 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
9. Birthplace Daltimore Md. (Town, county, and atate) 10. Usual occupation Refixed 11. Industry or business Stationary Engineer	Due to.	2
12. Name Adam Sohn 13. Birthplace Germany 14. Maiden name Amaie Sohn 15. Birthplace Germany	Other conditions. Prtorio-Sclerofie (Include pregnancy within 3 months of death) Major findings of operations. Bate of op.	?
16. Informant Convad Sohn	Autopsy results	
Address Towson, Manager 11. But Name 1 at the reof () 1 29, 148. (Burial, cremation, or removal. Which?) Cemetery or crematory Location Park Wood Came Tery Location Burne Some	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)
Address Trusons Ulas	Tail all 1 M	7

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legible RESERVED FOR BINDING WRITE PLAINLY, is especially

A15 NS PLEASE

(pate rec'd by registray) 19.48,

JUL 31 1948 BURFALL V. S.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

07039

Reg. Dist. No. 300

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOI (For newborn infants give resi	ME) OF DECEASED:	
County Baltimore City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)					County Baltimore	
			RURAL and give nearest town)	City or town. Catonsville (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or si			I:		ters Lane	
			***************************************	(If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAME	#\$114110# F					
3. (a) FULL NAME		aLA	URA J. SQUIRRE	LL	3. (b) Social Security Number	
4. Sex	5. Color or race	6.(a) Singl	e, married, widowed, or divorced	MEDIC	CAL CERTIFICATION	
Femlae	Colored	M	arried	20 DATE DE DEATH TOTAL	12. 19. 48 at 10A.	
5.(b) Name of husband or wife Thomas Squirrell 5.(c) If allve, give age years 7. Birth date of				21. LEERTIFY that death occurred on th	ne date above extred; that this independence ased from 19.	
deceased (mo., day, yr.)	Aug. 6	,1874			DURATION	
8. AGE: Years	Months	Days	If less than one day	Cardin	alvulas	
73	11	6		Rulow		
	3. Birthplace			To a second	nfectors	
10. Usual occupation	Housew	ife	•••••••••••••••••••••••••••••••••••••••			
11. Industry or business					-f	
12. Name Thomas Davis				Dither conditions	were .	
	Md.			(Yashida magananan	within 8 months of death)	
14. Maiden name Martha Talbert 15. Birthplace Va.				Major findings of operations		
		_	rell	PHYSICIAN: Please underline the ca	use to which death should be charged statistically.	
Address 201	Winter			22 VIOLENCE, If death was due to a		
17. Burial Date thereof 7-15-48 (Burial, cremation, or removal, Which?)				Accident, suicide, or homicide	Date of	
Cemelery or crematory					or town) (County) (State)	
Locetion Car	roll Ch.	Md.	~	Injured et home, ferm, Industry, public	place (where?)	
			Hemsley		Injured al work?	
				# 1	n- 2	
Address	8 W. Bic	aute	010	23. SIGNATURE	HOSUMA C	
19. (Date rec'd by regis	19/0	A:	N) Hadrick	SIAZIXI	M. D. or other	
(Date rec'd by regis	strar)		Registrar	Address	Date signed	

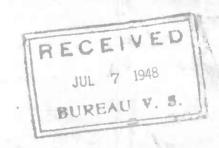
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

07040

CERTIFICAT	E OF DEATH Reg. Diat. No. 30
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME,	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 20. DATE OF DEATH. MEDICAL CERTIFICATION 19 8 21 12 30 18
6.(b) Name of husband or wife there is the state of the s	21. I CERTIFY That death occurred on the date above stated; that I attributed deceased from 19 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Days It less Ihan one day	Immediate Posse of death OURATION Cre Crae MESSE OF LARGE 28 AND
9. Birihplace (Town, county/and state) 10. Usual occupation	Due to Jacobs Due to
11. Industry or business Yes 12. Name	Other condilions
H 14. Malden name Mats 15. Birthplace Jermany	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Chrs. H. Stamm Address 303 Linden Que . arb	Autopsy results
(Burial, cremation, or removal, Which?) Cemetery or crematory. Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Locallon Sto 1 Investeriet Rel 18. Funeral director Home The weeks to	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address 4 0 6 10 10 10 10 10 10 10 10 10 10 10 10 10	23. SIGNATURE December M. D. or other Address December 3.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: County Baltimore Catonsville				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	vu kamari
			***************************************	State Maryland County	/
City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)		URAL and give nearest town)	City or town Baltimore (If gaside city or town limits, write RURAL and give nearest town)		
How long in above place of death?					
Hospital, Institution, or st			tal	Street No. 306. 3. Stricker Street	
		-		(If rural, give LOCATION)	
	slitution?	***************************************		2.(a) It veleran, name war	V
3. (a) FULL NAME	1 10	01.		3. (b) Social Securit	ty Number
Hannah (Jo	. Color or race	6.(a)Singi	nman e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	White	Wi	Ldowed	20, DATE OF DEATH July 15, 19 48	3 ,12 P. M
6.(b) Name of husband or	wife		***************************************	21. I CERTIFY that death occurred on the date above stated; that t attended do	
		8 (r) tf alive, give ageyear	May 15, 19 42, 10 July 1	
7. Birth date of	-			and that I last saw h.C.T. alive on July 15.	1948
deceased (mo., day, yr.) 8. AGE: Years	Months	Days	it less than one day	Immediate cause of death	
75	4	30		Coronary attack	hours
	9. Birlhplace Carroll County Maryland (Town, county, and state)			Disease Cardiovascular	
1D. Usual occupation	Houseke	eper		Oue to Obesity	
11. Industry or business				Ovarian Cyst	Indefinit
	mon Sandı ermany	man			
	Augusta 1	Brumeis	ter	(Include pregnancy within 3 months of death) Major findings of operations	
15. Birthplace	Germany			Date of op	
16. Informant Hos	pital re	cords	Λ	Autopsy results. None	
				PHYStCIAN: Please underline the cause to which death should be charge	ed statistically.
Address Catonsville 28, Md. Date Thereof Luly 19-19+0			Tu 1110-1941	22. VIOLENCE: It death was due to external causes, till in the following:	
(Burial, eremation, or removal, Whiteh?)				Accident, suicide, or homicide	
Gemetery of cremptly			month Com	Where did injury occur? (City or town) (County)	
Location		12		injured at home, farm, industry, public place (where?)	***************************************
1B. Funeral Fred O	100	110 N	1. Walter	Meens of Injury Injured at work?	Α.
Address Tot	14	this	Ky Sts	23. SIGNATURE Isadore Tuerk, M.D.	7.09/
7/17	48	RIC	1 Ledrich		
(Date rec'd by regis	19		Registra	Address Catonsville 28, Md. Date signe	7/15/48

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: 72 0-4	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Balto.	(For newborn infants give residence of mother)
	State Md County Balto
City or town	Vice tone
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hocaliel, institution, or street address where death occurred:	602 Month Rand Rd
Hospital institution or street address where death of curred: 602 Horth BEND Rd.	Street No. (1f rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Harold Griffith's	Stewart 218-22-1799
4. Sex 5. Color or race 6.(a) Single, married, widowet or groced	
4, Sex 5. Color of Face 6.(C) Singlet, matrice, middle of the face	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH VULY 22 200 1948 21/2 7 M
C-1/1 04 .+	ZU, DRIE UF DERIN
6.(b) Name of husband or wife Jana & W. Stewart	21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from
	5/26/48 19 10 7/22/48 19
7. Birth date of	and that last saw by M. alive on 7/21/48/
deceased (mo., day, yr.) Chrill 12-1898	Immediate ause of death alluminal DURATION
8. AGE: Years Months Days If less than one day	
50 3 10hrs. min.	(ancenoma Tosis
30 3 70	
9. Birthplace Balto. Md.	Due to Ochero Carcerano
Town, bunty, and state)	at the ascending ofor
10. Usual occupation. Salesman	
	Oue to
11. Industry or business	
12. Name Baul A. Ozwan Baul Baulto. Md.	Dither conditions
13. Birthplace /3 alto. Md.	
	(Include pregnancy within 8 months of death)
14. Maiden name Oda V. Griffith 15. Birthplace England	Major findings of operations. Cellero Concer cura
England	
21 15. Birinplace	af Uscendery Color Date of op. 6/14/46
16. Informant MAS. Janak D. Sewar	Automy results.
Address 602 H. Brud Rd., Yowson, W.	PMYSICIAN: Please underline the cause to which death should be charged statistically.
Address 602 M. Bena Ma. Jourson, M.	22. VIOLENCE: If death was due to external causes, fill in the following:
11 Burial Date thereof 124/48	Accident, suicide, or homicide
(Burial, camation, or sameval, Which?)	
Cemetery or crematory doudon fark	Where did injury occur?
Back Md	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director William Cook Duc.	Meens of injury Injured at work?
lo. Funeral director	En II HA IN MA
Address 1217 ST. Paul 1 1	23 SIGNATURE (O cleans N. & level N. M.D.
Ousless 68 G. 711 Hedre	M. D. of other
19. (Date) ce'd by registrar) Registrar	Address 6/8 Mederal Olyto- Date signed 7/23/48
(Datebee'd by registrar)	Address. San and a spire of the

PLEASE WRITE PLAINLY, is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

	Reg. Diat. No.	
1. PLACE OF MEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)	
City or town	City or town limits, write RURAL and give nearest town)	
Hospital Institution, or street address where death occurred: 1364 116 Mew. Pattle Grove	Street No. (If rural, give LOCATION)	
How long in hospital or Institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME Lames L. Strang	Security Number 3. (b) Social Security Number	
A. Sex S. Color or race 6.(a) Single, married, wildowed, or divorced Male Marsiel	MEDICAL CERTIFICATION 2D. DATE OF DEATH	
6.(6) Name of husband or wite Currie Wantzel-	- 21. I CERTIFY that death occurred on the date above stated; that I altended deceased from	
7. Birth date of deceased (mo., day, yr.) Nav 2//886	and that I last saw halive on	
8. AGE: Years Months Days It lead than one day	Immediant suse of death DURATION	
9. Birthplace (Town, equinty, and state)	Due to	
10. Usual occupation. Legenda Jay Ballo -	Due to	
12. Name Janes Strughen. 13. Birthplace Euclose	Dither conditions	
14. Maiden name Mazy Kentall 15. Birtholace Ruch Kell M	(Include pregnancy within 3 months of death) Major findings of sperations.	
16. Informant Jurs. Reure Strangkon	Autopsy results	
Address Office	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
17	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide	
Cemelery or crematory. Bedger Hill	Where did injury occur?	
Location Loc	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work?	
Address 463/60 Sep St	23 SIGNATOR PMBazer BD	
19. July 20.19. 4.8 a. M. Hedres. (Dato ye'd by Antrar) Registrar	Address Balton Address Date signed 14. 8.	

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 93d

07044

CERTIFICATE OF DEATH

Reg. Dist. No.....32.

County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
172 to a mari 11 a		
City or town	State	
-0.00.00.00.00.00.00.00.00.00.00.00.00.0	(If rural, give LOCATION)	
How long in hospital or institution? 11 months	2.(a) If veteram, name war	
3. (a) FULL NAME Ann Thompson	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Widowed	20. DATE OF DEATH. July 19. 1948 21 7-10	
6.(b) Name of husbaod or wife. Harry B. Thompson 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; they attended deceased from	
deceased (mo., day, yr.) July 12, 1871	and that I last saw h	
8. AGE: Years Months Days I fless than one day 77 0 7hrsmin.	Immediate cause of death The white Puration	
9. Birthplace Baltimore, Maryland (Town, county, and state)	artirio Silveres ?	
(Town, county, and state) 1D. Usual occupation. None	Bus to Servelle	
11. industry or business		
12. Name Unknown 13. Birthplace : Baltimore, Md.	Other conditions are by at herenty of 10der	
₹ 13. Birthplace : Baltimore, Md.	/-	
14. Malden name. Unknown	(Include pregnancy within 8 months of death)	
14. Maiden name. Unknown 15. Birthplace Baltimore, Md.	Major findings of operations.	
16. Informant Leo E. Thompson	Autopsy results	
Address 3702 Greenmount Avenue, Balto., Md.		
17. Burial Bate thereot July 22, 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory New Cat hedral Cemetery	22. VIOLENCE: 11 death was due to external causes, fill in the following; Accident, suicide, or homicide	
Location Old Frederick Road, Baltimore, Md.	Injured at home, farm, industry, public place (where?)	
18. Funeral director	Means of Injury Injured at work?	
Address 3000 S. Baltimore St., Baltimore, Md.	23. SIGNATURE 6 Co. Richal Well	
19. 7 - 20 - 19 48 Dy E Chicket (Date rec'd by registrar)	Address Pikesville-8, Md. Date signed 7/20/48	

RECEIVED

JUL 22 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Baltimore 93

CERTIFICATE OF DEATH

Reg. Dist. No. 7(30

4		
1. PLACE OF BEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante give residence of mother)	
County	MD FOR IT	
City or town (17 outside city or town limits, write RURAL and give newest town)	(10+0+16.11/1F	
How long in above place of death?	(If outside city or town limits, write RURAL and give centest town)	
Hospilai, Institution, or street address where death occurred:	Street No. 134 / 1 /ES + + DUNE PLACE	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war.	
3.(a) FULL NAME CHARLES GLE	NN RIMBLE 3.(b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION /5	
M W WiDow	20. DATE OF DEATH. 7 /2-0 1948 at / PR M	
8.(b) Name of husband or wife MILLER C. TRIMBLE	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
S.(b) Hadic of Hadacia at Arts Strike	October 21 1847, 10 July 20 1848	
7. Birlh date of	and that I last saw h. Com. alive on Quely 13 18 48	
deceased (mo., day, yr.) DED1. 26, 1867	Immediate cause of death	
8. AGE: Years Months Days If less than one day 7 8 9 24	arterior cluster heart Desers about	
BALTIMARE - MD	Sere elect enterior	
9. Birthplace	Due to.	
10. Usual occupation ASTIRED		
††. Industry or business	Due to	
	Biher conditions	
12. Name JAMES K TRIMBLE 13. Birthplace UNIKAJOWN		
	(Include pregnancy within 3 months of death)	
6	Major findings of operations	
	Bate of op.	
16. Informant MRS. LRIS T. OTRASING	PHYSICIAN: Please underline the cause to which death should he charged statistically.	
Address 340 WHITRIDGE 1		
17 KIRIA L Bate thereof 7 /23 /48	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Bate thereof (month) (day (year)	Accident, suicide, or homicide	
Cemelery or exemptory (City or town) (County) (State)		
Location DALTO.	Injured at home, farm, industry, public place (where?)	
18. Funeral director Land T Tickner toms		
Address OALTO, MR	Les 2 Beren M.A	
Ond 22 119 Oright Medical 23. SIGNATURE M. D. or other		
19. (Det rec'd by registrar) Registrar	Address I for Jan July one Bate signed 7/2048	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07046 Reg. Dist. No. 30

И				
	1. PLACE OF, DEATH:	2. USUAI, RESIDENCE (HOME) OF DECEASED:		
	County Baltimore,	(Fire trowborn infants give residence of mother)		
l	City or town Ellecott City	State Maryland County Jallinas		
H		Cily or town. Efficient Colts. (If outside city or town limit, write RURAL and give nearest town)		
H	How long in above place of death?			
H	Hospital, Institution, or street address where death occurred	Street No. Westchester avenue		
	Westehnter ave.	(If rural, give LOCATION)		
۱	How long In hospital or Institution?	2.(a) if veleran name war		
	3. (a) FULL NAME		3. (b) Social Security Number	
i	allie Viscinia Lucke			
li	4. Sex 5. Color or race 6.59 Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
I	Fr W Widow	20. DATE DE DEATH. July	25 19 48 11:15 P.	
I	U. M. Coules	21. I CERTIFY that death occurred on the date abov		
H	6.(b) Name of husband or wife.	4 D. 2-12	38 10 July 35 1048	
H	6.(c) If alive, give ageyears	// 1	1 1/1 2148	
I	7. Birth date of	and that plast saw halive on		
	8. AGE: Years Months Days If less than one day	Immediate cause of death		
	o. Ada.	7 type house Co	dia 20 and a	
	60 2 29min.		10 grs	
ľ	9. Birtholace Warren Co. Vinginia	Due 10		
1	(Town, county, and state)			
١	10. Usual occupation. A ausewife	Due to		
١	11 Industry or business			
		Dther conditions		
	12. Name albert Derflinger 13. Birthplace Warren Co. Vilginia			
		(Include pregnancy within 3 m	onths of death)	
	14. Maiden name Cara a. Withnesser 15. Birthplace Warren Co. Virginia	Major findings of operations		
1	E 15 Birtholace Warren Co. Vincinia			
	Milan of Gualban			
	16. Informant	Autopsy results		
1	Address 64 Oella ave Welle, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;		
	17. Burial Cremation, or removal. Which? Bate thereof. Tyonkin (149) (year)			
(Burial, cremation, or removal, Which?) (month) (day) (year)		notices, section of the section of t		
	Cemetery or crematory Govel & Repleie	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work?		
1	Location Royers ave Ellicate City, Md			
١	C + d.			
	18 Funeral directorCaslure during			
	Address Ellicott lety Mary land	Samuel in	home und	
	7 00 10 7/5 1/1	23. SIGNATUHE	M. D. or other	
	19. (Date red by registrar) Registrar	Address Elevite	7 Date signed 7/24/48	
- 1	(Date ree a by registrar)			



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1	TH UNFADING INK. Supply every item of information carefully mportant. Physicians: please write the causes of death clearly and

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07047

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County BALTIMUSE	state MO County A.A.Co.		
City or town			
How long in above place of death?	(If outside eity or town limits, write RURAL and give nearest town)		
Hospital Institution, or street address where death occurred:	Street No. PINES ON THE SEVERN		
3/5 /NECESIDE AVE	(If rural, give LOCATION)		
How long In hospital or Institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
LEONIDAS	G. TURNER		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
	20. DATE OF DEATH. 19 48 at 64		
6.(b) Name of husband or wife fate ANEUA (ARCHER)	21. I CERTIFY that death accurred on the date above stated; that attended deceased from		
	1948, to person 30 19 40		
7. Birth date of	and that I last saw h. 2.40 Mailive on		
deceased (mo., day, yr.) APRIL 6, 1865	Immediate cause of death		
8. AGE: Years Months Day's If less than one day			
\$3hrsmin.	Hostice hemerologe sente		
9. Birthplace Maryland (Town, county, and atste)	Due to.		
(Town, eounty, and atste)	Gother well 5 yr		
10. Usual occupation RETIRED			
11. Industry or business	Due to		
	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name. RUTH CHARLES WORTH 15. Birthplace N. J.			
S Sidhalas N A	Major fiadiags of operations		
//A/	Date of op		
16. informant	Autopsy results		
Address 4226 of the ST N.W. WASH. D.C.	•		
	22. VIOLENCE: If death was due to external causes, till in the tollowing;		
17 Burlal, cremation, or removal, Which?) Bate thereot (mogh) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory URRAINS PARK	Where did Injury occur?		
WOUDLAWN AD	Injured at home, tarm, industry, public place (where?)		
Location	Means of Injury Injured at work?		
18. Funeral director			
Address 4/01 Edmondson dry	Brada amore Luit		
7 9 11- 7/5/1/5	23. SIGNATURE M. D. or other		
19. (Date red'd by registrar) Registrar	Address Clouttut by Date signed 7/2/48		

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JUL 6 1948
RUREAU V. S.

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Address Catonsville 28, Md. Date signed 7/18/48

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) Baltimore Catonsville 28, Maryland (If outside city or town limits, write RURAL and give nearest town) Maryland City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 9 days Hospital, Institution, or sireet address where death occurred: 106 S. Gilmore Spring Grove State Hospital (If rural, give LOCATION) How long in hospital or institution? 9 days. information of death cl 3. (a) FULL NAME 3. (b) Social Security Number LILLIAN B. WALKER 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION female white Single 20. DATE OF DEATH July 12. 1948 211:40 D.M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from none 6.(b) Name of husband or wife..... July 3. 19 48 10 July 12 1948 and that I last saw h. Or alive on July 12, 1948 deceased (mo., day, yr.) December 27, 1876 Supply ease wri 8. AGE: 71 15 Baltimore, Maryland (Town, county, and state) 10. Usual occupation. Clerk 11. Industry or business Wm. D. Walker Baltimore, Maryland (Include pregnancy within 3 months of death) 14. Maiden name... 15. Birthplace Elvira Fallin Major findings of operations.... Baltimore, Maryland Hospital Records Aotapsy results. as above PHYSICIAN: Please underline the cause to which death should be charged statistically. Spring Grove Hospital, Catonsville. 22 VIOLENCE: If death was due to external causes, fill in the following: 7-15-4 Accident, suicide, or homicide..... Where did injury occur?(City or town) (County) Injured at home, farm, industry, public place (where?) 23 SIGNATURE ISAdore Tuerk, M. D.

Registrar

(Date pec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

164c

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
(R.VIIII)	(For newhorn infants give readence of mother)
ounty	State Mary And County Battumple
(11 outside city or town limits, write RUNAL and give nearest town)	3. STATE OF THE ST
(If outside city of town limits, write Kotakh and give hearest town)	City or town(If ourside hity or them hmits, write AURAL and give nearest town)
ow long in above place of death? 48 Years.	1 VII DI 1 III
ospital, institution, or street address where don'th occurred:	Street No. I rele tax Walker Ave.
/	(If rarel, give LOCATION)
	2.(a) If veleran, n we war World Wan I - Caplain
ow long in hospital or institution?	Z.(a) II veleran, ilame actiminata and activity activity and activity activity and activity activity and activity and activity activity activity activity activity activity activity and activity act
(a) FULL NAME West Hunt Walk	3. (b) Social Security Number
4. Sol Color pr race 6.(4) Single, married, widowed, or divorced	MEDICAL ØERTIFICATION
M. D. MV T. Ch.	
male muces	20. DATE OF DEATH JULY 19 48 at 4.73 A
1 1: 1/	
(b) Name of husband or wife United Aurilia Hussia	21. I CERTIFY that death occurred on the date source stated; that I attended deceased from
	1919
6.(c) If allve, give ageye	and that I last saw h 19
deceased (mo., day, yr.) (25 23, 1882	A 4
	Immediate ause of death OURATIO
B. AGE: Years Months Days It less than one day	Slut aure wound client own prant
6 Shrsm	in. 2.1.
BAT	
9. Birthplace Balto.	Due to
(Town, county, and state)	
D. Usual occupation Lux. aquit	
	Due to
1. Industry or business	
12. Name Elista H. Mulker	Dither conditions
	Bittet Pohatians
13. Birthplace	(Include pregnancy within 3 months of death)
5 July Complex	No.
14. Maiden name	Major findings of operations.
14. Maiden name Aver Computer 15. Birthplace	Date of op
Alana Olana Mala	
16. Informant	Autopsy results.
11022 New 1 D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 4832 Deswich Road	22. VIOLENCE: If death was due to external causes fill in the following:
17 Crester Date thereof rely 3.194	
(Burial, cremation, or removal Which?) (month) (day) (year)	Accident and the second
Lordon Posth Com	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location 3801 Frederich Goal	Injured at home, farm, Industry, public place (where?)
5 112-6 00 0	Means of Injury tnjured at work?
18. Funeral director Tom Os Musellell Tomas	
	(/200. /) // // // // // // // // // // // //
Address Agod Ceclaw (Flee	23. SIGNATURE CHOCKEN TO NULLEN THE 1.19 L
01. 10 0 20 11 110	M. D. or other
LANGE TO THE THE THE THE PARTITION	

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correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

Evidence for change of

MARYLAND STATE DEPARTMENT OF HEALTH

070544 Reg. Dist. No.....

Evidence for change of 2411 N. Charl	les St., Baltimore (16 d) (765)
HUM NO. G 116 JUL 16 1948 CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or town	City or town
How long in hespital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Leo C. Wal	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. CALLY 1945.70.0. M.
6.(6) Name of husband or wife Essential Mes. Walter	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
7. Birth date of deceased (mo., day, yr.) Actober 21, 1888 8. AGE: Years Months Days If less than one day	and that I last saw before a live on DURATION
59 58 8 21	See and the second
9. Birthplace (Town, county, and state) 10. Usual occupation	Due to
11. Industry or business Bethelians ship Yard	Sther conditions
13. Birthplace Callimore, Ma.	(Include pregnancy within 8 months of death)
14. Malden name Connelly 15. Birthplace Baltimore Ma.	Major findings of operations
Address 2,9010 unbring asad, 2 undalle	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Commetery or crematory Onte Caution 1225 Eastern Blass.	Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?)
18. Funeral director. Rolland La Figher.	Means of Injury Injured at work?
19 July/13 18 XP A Wednes	23. SIGNATURE M. D. STOTHER. M. D. STOTHER. Date Signed Street

NLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every

	5	STATE C	F MARY	YLAND-	CERTIFICATE OF DEATH	
1. P	LACE OF DEA	TH			930 07051	0
(County Balt	imore			Registration Dist. No.	0
1	Village or City	Towson			No. 12 E, Burke Avenue St., f death occurred in a hospital or institution, give its NAME instead of street and i	Ward
	Length of residence in	city or town whare o	leath occurred7		sds. How long in U.S. if of foreign birth?yrs	
2. F	ULL NAME	John Mau	rice Watk	ins		
	(a) Residence: No.				St., Ward.	
			(Usual place of	of abode) .	If nonresident give city or town and	State
-	PERSONAL A				MEDICAL CERTIFICATE OF DEATH	
	Male W	or or race hite	5. SINGLE, MARE OR DIVORCED WICO	RIED, WIDOWED, O (write the word) WET	21. DATE OF DEATH (Moghh) (Day)	, 193 (Year)
HU	arried, widowed, or di SBAND of) WIFE of Ann	vorced netta Bowe	n Watkins		22. JUHEREBY CERTIFY, That I attended	deceased from
6. DATE	OF BIRTH (month, d	av and year) J	anuary 19	. 1873	I last saw har alive on 2 July 1944	: death is sai
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at	
	75	6	1	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of enset
Z 8.	Trade, profession, or kind of work done SAWYER, BOOKKI	particular e. as SPINNER.	03 1 0			Date of onset
	SAWYER, BOOKKI Industry or business	in which		nton R.R.	arteris Selevota	0.11
UP.	work was done, as SAW MILL, BANK	SILK MILL.	Retired 8	years	Landing languiller dealers.	1946
10.	Data deceased last w this occupation (m year)	onth and	11. Total ti spen occu	me (years) t in this pation		
	THPLACE (city or town (Stata or country)	Tows			Other Contributory Causes of importance:	
품 13.	NAME John	Maurice W				
	BIRTHPLACE (city or	1/	yland		Nama of operation Rone Date of	-
	(State or country)	to the second se			What test confirmed diagnosis? Was there an a	
当 15.	MAIDEN NAME	Mary Loui	sa Eckart		23. If death was due to external causes (VIOLENCE) fill In also tha following	:
16.	BIRTHPLACE (city or	town) Mar	yland	~	Accident, suicide, or homicide? Date of injury	, 19
Σ	(Stata or country)			Where did injury occur?(Specify city or town, county and Sta	
17. INFO	RMANT Mrs.	H. Dalton	Berry		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
	(Address) Washi		lleghany 'owson	Aves. Town		
	Place Prospec		Date Jul	y 22 . 11941	Manner of injury	
19. UND	ERTAKER Bur	gee Funer Falls Ro	al Home		24. Was disease or injury In any way related to occupation of deceased?	760
20, FILE	A //	, 19 48	aw.	efresh Registrar.	(Signed) Le Marle, H. Cere.	M. 1
		If more	blanks are needed, a	ddress State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. 72	VILD

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfalness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

ed causes Da	ate of onset
1	1 week ago
1	1 week ago
3	3 days ago
e:	
	1 year
-	ce:

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

460

07052

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Secondar Whife Widowed 6.(b) Name of husband of wife Chester Watkings 6.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) Azic 28	MEDICAL CERTIFICATION 20. DATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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07053

CERTIFICATE OF DEATH

Reg. Dist. No. 32

Solo MARY AND County Abato. New long in above piece of death. New long in beeplala or institution? 3. (a) FULL NAME How ARD W. BERR 3. (b) Social Security Number 1. Set MAIR NAME HARRED 1. Set MAIR NAME HARRED 1. Set MAIR NAME HARRED 2. (a) II referan, same way 3. (b) Social Security Number 1. Set MAIR NAME HARRED 1. Set MAIR NAME HARRED 2. (b) Halle give piece stated, that latheaded decessed to the decessed (mo. 457, 72) Main and that i fast way h. 1. M. 1.	1. PLACE OF DEATH: County Batto, County MD.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
New long in above place of death? New long in book place of the long long in book place of the long long long in book place of the long long long long place of the long long long long place of the long long lo	Other town Pikes wille		
Soret No. (If rural, give LOCATION) 3. (a) FULL NAME 1. Set		W or town Cif outside city or town limits, write RURAL and give no	earest town)
TO THE STATE OF TH	Hospital, Institution, or street address where death occurred:		
3. (a) FULL NAME 4. Sex A Sex MAPE 5. Color or race MAPE 5. Color or race MAPE 6. (a) Hame of frying or wife 6. (b) Hame of frying or wife 6. (c) Hame of frying or wife 8. AGE: Years Months 9. Brithplace Months 9. Brithplace Months 10. Usual occupation. 10. Usual occupation. 11. Industry or business 12. Rame 12. Rame 13. Brithplace 14. Madden name. 15. Informant MAR. 16. Informant MAR. 17. Self-or Sis 18. Industry or business 18. Informant MAR. 19. Brithplace 19. Br	HOOKS LANE		******************
4. Set S. Solar or race S. (a) PARE D. DEBER 4. Set MATE S. Solar or race S. (a) PARE D. DEBER 5. Col Table, Dark D. Deber D. D	How long in hospital or institution?	. 2.(a) If veteran, name war	***************************************
8. (b) Name of phospie or wife BENLAND WEBER 5. (c) It allive, give age. 5. (c) It allive, give age. 8. (c) It allive, give age. 9. Birthplace (mo., day, yr.) 10. Usual occupation. 11. Industry or business Weber. 12. Name. 13. Name. 14. Maiden name. 15. Birthplace Dattwore 16. Informan Mad. 16. Informan Mad. 16. Informan Mad. 16. Informan Mad. 17. Birthplace Dattwore 18. Adjust of case and finding results. 19. Birthplace Dattwore 19. Date thereof. 10. Usual occupation. 11. Industry or business Weber. 12. Birthplace Dattwore 13. Birthplace Dattwore 14. Maiden name. 15. Birthplace Dattwore 16. Informan Mad. 17. Birthplace Dattwore 18. Funeral director Which? 19. Date thereof. 19. Date thereof. 10. Date of op. 11. Birthplace Dattwore 12. Date thereof. 13. Date thereof. 14. Maiden name. 15. Birthplace Dattwore 16. Informan Mad. 16. Informan Mad. 17. Date of op. 18. Funeral director Which? 18. Funeral director Which? 19. Date thereof. 19. Date thereof. 10. Date of op. 10. Date of op. 11. Date of op. 12. Superal Mad. 13. Date which death should be charged statistically. 14. Maiden name. 15. Birthplace Dattwore 16. Informan Mad. 16. Informan Mad. 17. Date of op. 18. Funeral director Which? 19. Date thereof. 19. Date of op. 19. Date of op. 19. Date of op. 10. Date of op. 10. Date of op. 10. Date of op. 11. Date of op. 12. Date of op. 13. Date of op. 14. Maiden name of holiving which death should be charged statistically. 19. Date of op.	HOWARD W.W	DEBER 3. (b) Social Security	Number
8. (b) Name of friends or wife BEUL AH WEBER 1. Brith date or deceased (me., day, yr.) 8. AGE: Vears Months Day Hess than one day 9. Birthplace A Allow Commendaty, and state) 10. Usual acceptation. 11. Industry or business 12. I CERTIFY that date or deceased (me., day, yr.) 13. Birthplace A Allow Commendaty, and state) 14. Maiden name 15. Birthplace Daltimore Address Course of operations. 15. Informant A Allow Date thereof (month) (day) (year) 16. Informant A Allow Date thereof (month) (day) (year) 17. Commetery or Affilial Course of the Allow Date thereof (month) (day) (year) 18. Funeral director (Manager of the Allow Date of Country) (Country) (State) 19. The above the fall above the date above stated, that I altended clease date, the Allow Date than one day 19. The Allow Date of the Allow Date than one day 21. I CERTIFY that date above stated, that I altended clease above stated, that I altended clease date, the Allow Date of the	4. Sex 5. Color or race 6.(a) They, married, hydrigographycos	MEDICAL CERTIFICATION	
8. (b) Name of frighting or wife BELL Add SEE Add SEE Add SEE Add SEE Add SEE SEE SEE SEE SEE SEE SEE SEE SEE S	MAIE WHITE MARRIED	20. DATE OF DEATH 249 23, 1948	at 10.P
1. Birthplace of Months S. Birthplace of Months S. Birthplace of Months Date of Operation 1. Industry or business 12. Name 13. Birthplace of Months 14. Maiden name Address of Months Date of op Date thereof. (month) (day) (year) Cemetry or Angles of Operation Date of op	· ·	21. I CERTIFY that death occurred on the date above stated; that t attended dec	eased from
S. AGE: Years Months Dayl It less than one day It less tha	T. Birth date of AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	and that f tast saw h 1 77 alive on T4/y 2377	19 <i>YP</i>
S. Birthplace we describe the conditions of the		Immediate cause of death	. DURATION
S. Birthplace	o. not.	C the design	1 / 4
Due to Art Sciences is	A and MII		29193
Due to Art Sciences is	9. Birthplace (Town, county, and state)		2 4 50
11. Industry or business 12. Name 13. Birthplace 14. Maiden name 15. Birthplace 16. Informant 17. Cemetery or shipfird 18. Cemetery or shipfird 19. Date thereof. 10. Cemetery or shipfird 19.			
13. Birthplace Daltimore 14. Maiden name. 15. Birthplace Daltimore 16. Informant MAA. Declar Which? 17. OURIAL Date thereof. (Burial Date thereof. (City or town) (County) (County) (State) Injured at home, farm, industry, public place (where?) Maans of injury Injured at work? Man. D. or other		Art. Solerosis	2415
14. Maiden name Course Major findings of operations Date of op.		Dther conditions	
14. Maiden name		(Include pregnancy within 3 months of death)	
Andress Cooks Sane Prevelle MA. Antopsy results Physician Please underline the cause to which death should be charged statistically.	14. Maiden name Droth dewis	1	*********************
Address Cooks Sane Chearle Md. 17. BURIAL 18. Burial secundary. Which?) Cemetery or Small Loudon PARK Location BALLO CTI MD. 18. Funeral director Which? Park Park Sons Address North Park Park Sons Means of Injury 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of Injury 18. Funeral director Which Park Park Sons Address North Park Park Park Sons Means of Injury 23. SIGNATURE MM. D. or other	\$ 15. Birthplace Dultimore, Ind		
Address Cooks And County Date thereof. (month) (day) (year) 17. (Burial Company) Loudon PARK (month) (day) (year) Cemetery or control Location BALTO CTY D. (City or town) (County) (State) 18. Funeral director Cooks PARK (Means of injury) Injured at work? Address OR The Para ADE (Means of injury) 22. VIOLENCE: If death was due fo external causes, fill in the following: Accident, suicide, or homicide. (City or town) (County) (State) Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE (M. D. or other)	16. Informant Mrs. Beulah & Weller		
17. BURIAL Date thereof. (month) (day) (year) Cemetery or Analyst Loudon PARK Location BALTO CTY MD. 18. Funeral director Constant Park Park Address North Park Park Park Park Park Park Park Park	Address Hooks Lane Pheaville Md.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Cemetery or Annual Louis DON PARK Location BALTD CTY MD. Injured at home, farm, industry, public place (where?) Means of injury Address NORTH PRO AUE 23. SIGNATURE M. D. or other	2.2.2.		
Location BALTO CTY MD. Injured at home, farm, industry, public place (where?) Means of Injury Injured at work? Means of Injury Injured at work? Address NORTH PRO ADE 23. SIGNATURE M. D. or other			
1B. Funeral director with J. TICKNER SONS Means of Injury Injured at work? Address NOR+N P. P.O. A DE 23. SIGNATURE 23. SIGNATURE M. D. or other	Cemetery or Symples Lou DON PARK	Where did injury occur? (City or town) (County)	(State)
Address NORTH PA. AUE 23. SIGNATURE any F. Miller M. D. or other	Location BALto, City, MD.	Injured at home, farm, industry, public place (where?)	
23. SIGNATURE M. D. or other	18. Funeral director WM. J. TICKNER & SONS	Means of Injury Injured at work?	
- 17. VO M. D. or other	Address NORTH & PO. AUE	1 22 SIGNATURE James & Miller On	mu).
	19. (Date food by registrar)	M. D.	7/24/40

PLEASE WRITE PLAINLY, I sespecially

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No.

CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For prowhorn infants give residence of mother)		
County Dace To Ca	my Kalt		
(If outside city or town limits, write RURAL and give nearest town)	(A		
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 26 Wade Que.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Uda alvenda We	ichest		
4. Sex 5. Color er race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
if w windowed	20. DATE OF DEATH. 7/27 10.48 21 5300's		
	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from		
8,(b) Namo of husband or wife	7/10 1948 7/27 1848		
	and that I last saw h dive on 2/2 7 19 48		
7. Birth date of deceased (mo., day, yr.) 6/4/1869	- CURATION		
8. AGE: Years Monthe Daye If less than one day	Immediate cause of death		
Pahremin.			
DI 10 10	11staria se losore		
8. Birthplace	000 10		
10. Usual occupation. Desiral Clic	Due to		
11. Industry or businese Troul			
12. Name	Other condition Seales at a sterior selection.		
₹ 13. Birthplace	(Include pregnancy within 3 months of death)		
14. Maiden name			
	Major findings of operations.		
15. Birthplace	Date of op.		
16. Interment III Williams Charles	Autopsy results		
Address 26 Wade are Carous	22. VIOLENCE: If death was due to external causes, fill in the following:		
11 Burish Bate thereof July 30, 1948			
(Burial cremation, or removal, Which?) (Burial cremation, or removal, Which?)	According Services		
Cometery or crematory M. E. Church Long.	Whera did Injury occur?		
Location I Stay Miles	Injured at home, farm, Industry, public place (where?)		
Col IN Some notes	Meene of Injury fnjured af work?		
18. Funeral director	X - 11 - 1		
Address alonerle m.d.	23. SIGNATURE DAMEAUP alagra		
" 7-30 "48 7/E. Horres	222 211 description M. D. or sorrer 1. 87		
19. (Date rec'd by registrar) Registrar	Address Sold Land Date started for the Address Sold Land Started Land		

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

CERTIFI	CATE OF DEATH Reg. Dist. No	
1. PLACE OF DEATH: County Scalton	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. M. M. Courside city or town limits, write RURAL and give nearest town	State County County City or town (If outside city or town limits, write HURAL and give	
How Jong In above place ot death?	Streef No. 7325 Yosletow Bodden (If rural, give LOCATION)	e nearest town,
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	Vessell 3. (b) Social Secu	rity Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Hemale Maried	MEDICAL CERTIFICATION 20. DATE OF DEATH. July 30 19.5	. 45
6.(6) Name of husband or site Flank R Inessell 6.(c) If allve, give age	21. I CERTIFY that death occurred on the date above stated; that I attended	deceased from
7. Birth date of deceased (mo day, ye) Christ 9 1882	and fhaf I last saw h	DURATION
8. AGE: Years Montas Days If less than one dayhrs.	Corowary Thrombosis	212 Rs.
9. Birthplace	Due to Coro wary Scierosis	years
10. Usual occupation	Due to Spaceralized A rierio >ckrosis	year?
12. Mame George IN Bean 13. Birthpiace Maryland	Other conditions	
14. Maiden name Jennie Bullisuson	(Include pregnancy within 3 months of death) Major findings of operations.	
\$ 15. Birthplace Masyland	Date of op.	
16. Informant Frank & Messell	Autopsy results	
Address John Addre	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide	
Cemetery or cremator Landan Valk	Where did injury occur?	(State)
Location Folderios Road	Injured at home, farm, industry, public place (where?)	***************************************
18. Funeral director John C. M. os an	Means of injury Injured at works	•
Address 3000 & Baltime 18	L. W. Qerism	
19		(, D, or other gned . 30 34 48

PLEASE WRITE PLAINLY, WITH UNFALING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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e correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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CERTIFICATE OF DEATH 50

g. Dist. No. 33

	Kog. Dist. No.,
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Bor newborn infants give residence of mother)
County Carrie College Research	State Maculand County Bulto
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	
	Street No
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Oliverda T Wh	3. (b) Social Security Number
4. Sex 6. Color or race 6. (a) single, married, wisowest, or divorced will be colored with the colored with	MEDICAL CERTIFICATION 20. DATE OF DEATH July 22 19.48 21 3 2
6.(6) Name of husband or wife Jona as T. Wheeler	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
	19 48 10 July Z 2 19 48
7. Birth date of deceased (mo., day, yr.) Sept 6-1868	and that I last saw h Earlie on 19 To
8. AGE: Years Months Days It less than one day	Chronic Myocardetes Juhum
07/0/6	
9. Birthplace	Due to
1D. Usual occupation	Due 10 Leveralized Caregromas huching
11. Industry or business	due le Conspione & Breach
12. Name	Other conditions.
	(Include pregnancy within 3 months of death)
14. Malden name Aucuses Leef 15. Birthplace Md	
15. Birthplace Md	Major findings of operations
16. Informant William marshall	Autopsy results
Address upperco . The	PHYStCIAN: Please undertine the cause to which death should be charged statistically.
12 . 01 0.0. 24/40	22. VIOLENCE: tt death was due to external causes, till in the tollowing;
(Burial, cremation, or remoyal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Cauall 60 mg	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Education	Maens of injury tnjured at work?
Address Hercefortend Mid	23 SIGNATURE CHAMW M. Bush
19. 7-23- 19 + 8 May 9, Eline (Date rec'd by registrar)	ar Add Stand Stand Mil Date signed 7/22/48



PLEASE WRITE PLAINLY, is especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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07057

CERTIFICATE OF DEATH

Dist. No. 3

1. PLACE OF DEA	more		2. USUAL RESIDENCE (HOME) U (For newborn infants give residence of	mother)			
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?			Milford #7				
			(If outside city or town limits, write RURAL and give nearest town) 3613 Buckingham Rd. (If rural, give LOCATION)				
			2.(a) It veteran, name war				
3. (a) FULL NAMI	Rachel	Wilkie		3. (b) Social Security no	Number		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION			
Female	Wnite	married	20. DATE OF DEATH JULY 31	19.48	2:30.AM		
		H. Wilkie 6.(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date about 7-31-148 19. and that I last saw h. e. r. alive on not	7-31-1	48 19		
deceased (mo., day, y	r.) Ja	n. 29, 1881	Immediate cause of death	***************************************	DURATION		
8. AGE: Years	Months 6	Bays If less than one day 2min.	Congestive Heart 1	Failure	6 mos.		
1B. Usual occupation	Housewife	d county, and state)	Due to				
13. Birthplace	August Beum Germany	ler	Dither conditions				
HLOW 14. Maiden name.	Balto.,	Z Md.	Major findings of operations				
16. Informant	_	H. Wilke husband Buckingham Rd.	Antopsy results	which death should be charged	statistically.		
17		udon Park Cem.	22. VIOLENCE: tf death was due to external ca Accident, suicide, or homicide	Bale of	(State)		
- I neating	Balto	., Md.	Injured at home, tarm, industry, public place (v	where?)	• • • • • • • • • • • • • • • • • • • •		
1B. Funeral director	WM. J. I	CICKNER & SONS	Means of Injury 23. SIGNATURE D. D. C	Injured at work?	d. Exam,		
to. Aug	3 19 44 S	a. W. Hedust Registrar	4	Md	7-31-148		

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CERTIFICATE OF DEATH

Reg. Dist. No. 30

CERTIFICAT	Reg. Dist. No. 3.
1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH 19 31 M
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days If less than one day 6 6 8 3	Due to.
1D. Usual occupation. Assignment of the state of the stat	Due to Susual Mand
12. Name Blog H Willett 13. Birthplace Benn.	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Anna E. Sisler 15. Birthplace Genri.	Major findings of operations
16. Informant Address Sunder China Jane Cuterraphe	Autopsy results
17. Backel Date thereof T- T- 48 (Burial, cremation, or removal. Which?) Cemetery or crematory. Sweytter Leveland Manuallum	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Cetricille	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
18. Funeral director. League Farting Address Industry Hadynah aves. 19. 7-7. 19.48 UE Harry	23. SIGNATURE M. D. on other
(Date rec'd by registrar) Registrar	Address 12 10 Pash Date signed 4455-45

WRITE PLAINLY, WITH INFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly.

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LAND STATE DEPARTMENT OF HEALTH

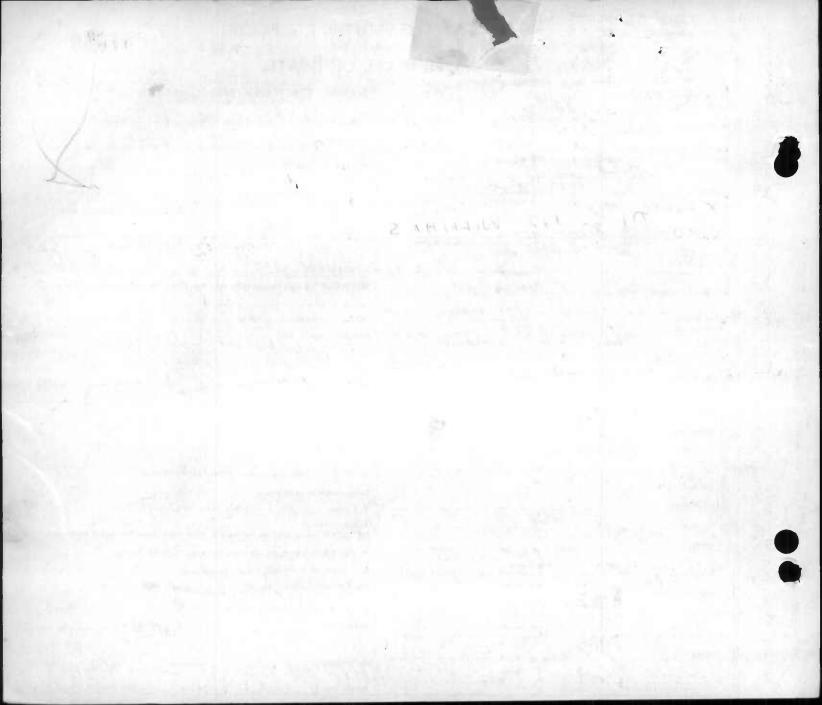
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

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	Des	Dist	Dr.	

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For new North infants give residence of mother) State County City or town (1f outside city or town/fimits, write RURAL and give nearest town) Streel No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
A. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE
6.(b) Name of husband or wife EIEANOR WILLIAMS	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of	and that I last saw h alive on 19
deceased (mo., day, yr.) NOV. 8. AGE: Years Months Days If less than one day	Jumediate cause of death.
52	(5) Manage Olympia
9. Birthplace ATHOLTON MARYLAND (Town, county, and state) 10. Usual occupation LABORER 11. industry or business FARM	Due to.
12. NameROBURT WILLIAMS	Other conditions
14. Malden name ELLA Md.	(Include pregnancy within 3 months of death) Major findings of operations
16. Interment SIMPSONVILLE MD. Address	Autopsy results
17. BURTAL Bate thereof. 7-19-48 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory LOCUST CHAPEL ATHOLTON MARYLAND Location F. C. HICINBOTHOM Address ELLICOTTI CITY MD.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
19. 7-15-48 JOHN CONNELLY (Date rec'd by registrar) Registrar	Address Date signed



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH Reg. Dist. No. 30 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: How long in above place of death? Hospital, Institution, or street address whose death occurre How long in hospital or instilution 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex bove stated: that I affended deceased from 7. Birth date of deceased (mo., day, yr.) **OURATION** Months Days If less than one day 8. AGE: (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... (Burial, cremation, or removal, Which Where did Injuly occur? (City or town) Injured al home, tarm, industry, public place (where?) Meene of injury 23. SIGNATUR

Registrar

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEA	Ral .	timore		2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of	F DECEASED: mother)	
City or town			URAL and give nearest town)	State Maryland County Baltimore Lutherville, Md. (If outside city or town limits, write RURAL and give nearest town) Street No. Broadway Rd. (If rural, give LOCATION) 2.(a) It veteran, name war.		
	3. (a) FULL NAME				3. (b) Social Security Num	her
	FRANCES	MITMETIN	m .		0.(0)	
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
female	white	s	ingle	20. DATE OF DEATH July 13th,		0:30 A
		6.(4	r) It alive, give ageyears	21. I CERTIFY that death occurred on the date ab	ove stated; that I attended deceased	rom
deceased (mo., day, yr.	.) 000.	011, 10	10	Immediate cause of death		OURATION
8. AGE: Years	Months	Days	If less than one day	Corcinoma.	Ruchet	1.1.1
9. Birthplace Ba	(lown,	county, and s	Md.	Due to.		
11. Industry or business	ILS. F	ostoff	ice	Due to		
至 12. Name	harles Wi	msett		Other conditions		
	Katheri Baltim	ne Fro	nty, Md.	(Include pregnancy within 3		
Mi	ss Maude	Wimset	t	Autopsy results.		
tB. Informant	oadway Rd	. Luth	erville, Md.	PHYSICIAN: Please underline the cause to w	hich death should be charged statis	tically.
17 burial (Burial, cremation,	or removal. Which?	Date there	7/16/48 (month) (day) (year)	22. VIOLENCE: It death was due to external car Accident, suicide, or homicide	Date of	
Location				Injured at home, farm, industry, public place (w		
			eal Home	Means of Injury	Injured at work?	
	7401 Bela			Way Illy	001 1 Kr. 11	1.2
19. 1-12f	19 4	e a	Registrar	Address Advisor	M. D. or ot 4. Und Oate signed 7.	118/10

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Ballimore County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give regidence of mother) Slate
How long in hospital or Institution?	2.(a) it veteran, name war.
3. (a) FULL NAME Vlysses Frant W.	3. (b) Social Security Number
Male Scan S. Color of race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DE DEATH JULY 29, 1948 at 12 20 A.M.
6.(b) Name of husband or wife CATY C MAY My M. #5 8.(c) If all ve, give age	21. I CERTIFY that death occurred on the date above stated; that attended deceased from 18. 47. 19. 19. 47. 2 and that I last sayly. 2 19. 18. 5. Immediate cause of death Acceptable of DURATION 2 2 2 19. 18. 5. Due to.
11. Industry or pusiness Jandaya U. J. N. J. BELLY 12. Rame JANIC WITTS 13. Birthplace Penna. 14. Maiden name Emily Jane Elliott 15. Birthplace Vulnown 16. Informant Mrs. V. G. Witts Address Towson, N. d.	Other conditions (Include pregnancy within 8 months of death) Major findings of operations Date of op. Antopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Wing Satty 31, 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory Location Dues of the control of	22. VIOLENCE: It death was due to external causes, fiil in the toliowing; Accident, suicide, or homicide
18. Funeral director of M Busine Source Address 19. July 31, 19. 48 M Supply all 10.	Meens of Injury lajured at work? 23. SIGNATURE. M. B. or other M. D. or ot

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

County City or town. 30 18 18 18 18 18 18 18 18 18 18 18 18 18	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Edward J. Young	3. (b) Social Security Number
4. Sax 5. Color of race 6. (9) Signific, married, widowed, or divoked M. Devorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 19. 48 , 21 6 A
6.(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of deceased (mo. day, yr.) November 10, 1883	21. I CENTIFY that deat occurred in the date above stated; that lattended deceased from
7. Birth date of deceased (mo., day, yr.) November 10, 1883	and that t hist saw h alive on 19
8. AGE: Years Months Days If less than one day 64 / 1/8/ 8 19	Immediate cause of death. Confidence OURATION
9. Birthplace Mary (Town, county, and state)	Due to Pau Centile & Jall Reddes desease.
9. Birthplace	Oue to
Z 13. Birthplace	Other conditions
14. Malden name ?	(Include pregnancy within 3 months of death)
S 15. Birthplace	Majur findings of operations
16. Informant Miss Mary J. Spice	Autupsy results PHYSICIAN: Please underline the cause tu which death shuuld be charged statistically.
17. (Burial, cremation, or rembral, Which?) Date thereof. 7-31-48 (month), (day), (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Morland Memorial Park	Where did injury occur?
Location Jaylor aux	tnjured at home, farm, industry, public place (where?)
18. Funeral director John A. Moran	Means of Injury Injured at work?
Address 3000 E. Ball. St.	23. SIGNATURE James Thosen MO
19	Address 510 W/tarford Rd Date signed 7/30/48

MARGIN RESERVED FOR BINDING

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	Γ,	w	8	30	~	

CERTIFICATE OF DEATH

07064 Reg. Dist. No. 43

County City or town (footsigle city or town initial), write RURAL and give nearest town) How long in above place of death? Hospital, instituting, or street address where death occurred: Street No. City or town. City or town initial, write RURAL and give nearest town) How long in above place of death? City or town initial, write RURAL and give nearest town) Street No. City or town initial, write RURAL and give nearest town) Street No. City or town initial, write RURAL and give nearest town) Street No. City or town initial, write RURAL and give nearest town) Street No. (If outside city or town limits, write RURAL and give nearest town) Street No. (If outside city or town limits, write RURAL and give nearest town) Street No. (If outside city or town limits, write RURAL and give nearest town) Street No. (If outside city or town limits, write RURAL and give nearest town) Street No. (If outside city or town limits, write RURAL and give nearest town) Street No. (If outside city or town limits, write RURAL and give nearest town) Street No. (If outside city or town limits, write RURAL and give nearest town) Street No. (If outside city or town limits, write RURAL and give nearest town) Street No. (If outside city or town limits, write RURAL and give nearest town) Street No. (If outside city or town limits, write RURAL and give nearest town) Street No. (If outside city or town limits, write RURAL and give nearest town) Street No. (If outside city or town limits, write RURAL and give nearest town) Street No. (If outside city or town limits, write RURAL and give nearest town) Street No. (If outside city or town limits, write RURAL and give nearest town) Street No. (If outside city or town limits, write RURAL and give nearest town) Street No. (If outside city or town limits, write RURAL and give nearest town) Street No. (If outside city or town limits, write RURAL and give nearest town) Street No. (If outside city or town limits, write RURAL and give nearest town) Street No.	City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If butside city or town limits, wring RURAL and give nearest town) Street No
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in above place of death? How long in hospital, institution, or street address where death occurred: City or town (If butside city or town limits, write RURAL and give nearest town)	How long in above place of death? 2 Hospital, institution, or street address where death occurred:	City or town. (If butside city or town limits, write RURAL and give nearest town) Street No. Af rural, give LOCATION) 2.(a) If veteran, name war.
How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race 6. (a) Single, married, widowed, or directed The second of the second or wife 19 19 19 19 19 19 19 1	Hospital, Institution, or street address where death occurred: How long in hospital or institution?	Street No. To Affarral, give LOCATION) 2.(a) If veteran, name war.
How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race 6. (a) Single, married, widowed, or directed The second of the second or wife 19 19 19 19 19 19 19 1	Hospital, Institution, or street address where death occurred: How long in hospital or institution?	Street No. To Affarral, give LOCATION) 2.(a) If veteran, name war.
How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Color or race 6. (c) Single, married, widowed, or directed MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Bays If less than one day 19. Married and that I last saw h. alive on 19. Immediate cause of death DURATION DURATION DURATION	How long in hospital or institution?	Af rural, give LOCATION) 2.(a) If veteran, name war.
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4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 20. DATE OF DEATH 31 4 4 4 4 4 4 4 4 4	3. (a) FULL NAME	3. (b) Social Security Number
Male White Warried 6.(b) Name of husband or wife Tacina 2	1.10 711	
Male White Warried 6.(b) Name of husband or wife Tacina 2	Henry F. Gaing	
6.(b) Name of husband or wife	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
6.(b) Name of husband or wife	male White Manuel	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Bays If less than one day hrs. min. 19. 19. 10. 19. 19. 10. 19. 19. 10. 19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	P . 3.	
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8. AGE: Years Months Bays If less than one day 8. AGE: Years Months Bays If less than one day 1	7. Birth date of deceased (mn day yr.) 211 park 30 th 1863	and that I last saw halive on
85 4 1 hrs. min. Other Occurs		Immediate cause of death
9. Birthplace Balto City Md Bue fan Go of D		Olynos Occlusin
	9. Birthplace Balto City 248	Due fa.p.
(Nown, county, andycate)	(Town, connty, and etate)	M-J-C Mush Miser
1D. Usual occupation. Bue to.	1D. Usual occupation.	Que to
11. Industry or business	11. industry or business	
12. Name Teaula I Diher conditions	12 Name Teans I James	Other conditions
V 12 Birthalago		
(Include pregnancy within 8 months of death)	Maria Para Maria	(Include pregnancy within 8 months of death)
Hajor findings of operations.	mi 1/ Moldon nomo	Major findings of operations.
E 15. Birthplace Service Bate of op.	14. Manuell Hallies	
16. Informant Dyas N. F. Starre Autopsy results.	Es.	Date of op.
PHYSICIAN: Flease underline the cause to which death should be charged statistically.	711 - 31 7 31	
22. VIOLENCE: If death was due fo external causes, fill in the following;	16. Informant 24 m. T. Johnson	Autopsy results
Bate thereof (Buriel cremation or removal Which?) Bate thereof (Buriel cremation or removal Which?) Bate of (Buriel cremation or removal Which?)	16. Informant 24 m. TV F. Spring Address 7 6 lefterood Md.	Autopsy results
	16. Informant 24 m. TV F. Spring Address 7 6 lefterood Md.	Autopsy results
	Address 7 6 Control Bate thereof (month) (day) (year)	Autopsy results
LOUGHUI MANAGEMENT MAN	16. Informant 24 m. TV F. Spring Address 7 6 lefterood Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sericide or homicide
18. Funeral directors and form the state of the Means of Inform Injured of work?	Address 7 6 Leftwood (Male Company) (Burlal, cremation, or removal. Which?) Date thereof (month) (day) (year) Cemefery or crematory.	Autopsy results PHYSICIAN: Flease naderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, sericide or homicide
1/10 + 140 70 -	Address 7 Coffee Date thereof (month) (day) (year) Cemefery or crematory Contact Cont	Autopsy results PHYSICIAN: Flease naderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, sericide or homicide
Address 23. SIGNATURE.	Address 7 6 (Burlal, cremation, or removal. Which?) Cemefery or crematory Charles (Month) (day) (year) Location Calles (Month) (day) (year)	Autopsy results PHYSICIAN: Flease naderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, sericide or homicide
10 answert 1 10 48 mo 9 d. Reisends Mys 1 mg. of any Charles	Address 7 Coffee Date thereof (month) (day) (year) Cemefery or crematory Contact Cont	Autopsy results PHYSICIAN: Please naderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sericide or homicide

ETIME TO THE MEMBERS THAT GOLDEN



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

07065 Reg. Dist. No. 43

1. PLACE OF DE	Baltı			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or townFu.	llerton, Mo	d. imits, write b	RURAL and give nearest town)	state Maryland county Baltimore	**
How long in above place of death? 60 years				City or town Fullerton, Md. (If outside city or town limits, write RURAL and give nearest town)	
Hospital, institution, or	street address where	death occurred	d:	Street No. Silver Spring Rd. (If rural, give LOCATION)	
How long in hospital or institution?				(if Fural, give LOCATION) 2.(a) if veteran, name war	
3. (a) FULL NAM				3. (b) Social Security Number	
	JOHN ZIM	MERER			
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	white	wid	lower	20. DATE OF DEATH July 12th, 1948 , 21 5:20 1	M
6 (h) Nome of huchand	Margar	et Koe	erber Zimmerer	24. ICERTIFY that death occurred on the date above stated; that atended occeased from	
B. (O) Name of Husband	or wife	6.0	e) It alive, give ageyear	June !!	5
7. Birth date of deceased (mo., day,	w) June	4th, 1	.864		Y
8. AGE: Year		Days	If less than one day	Transcolais cause of death OURATION OURATION	
84	1	8	hrs. min	Falure 9	
9. Birthplace	ermany (Town,		•••••	Due to Hypertenur Cardis - 341.	5,
			atate)	Jagella Disease	*****
The same of		Transfer of the contract of th	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Due to.	
11. Industry or busines				Other conditions.	
13. Birthplace	Unknow				
	. Unknow	m		(Include pregnancy within 8 months of death)	
14. Maiden name	Unkno		••••••	Major findings of operations.	
= 1 15. Birtingiace	Mrs. John		r	Autopsy results.	
			Fullerton P.O.	PHYSICIAN: Please underline the cause to which death should he charged statistically.	
				22. VIOLENCE: It death was due to external causes, till in the tollowing:	
(Burial, cremation	n, or removal. Which?	Date ther	7/15/48 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremat	or,	oseph!		Where did injury occur?	
Location	Fullert	on, Md	•	Injured at home, tarm, Industry, public place (where?)	
18. Funeral director.	Lassahn	Fun	nal Home	Msans of Injury Injured at work?	
Address	7401 Bela			tallard Hudson MD	-
1	14	Man	40.10	23 SIGNATURE M. D. or other	1 4
19. (Date rec'd by	egistusr) 1914 S		Who I War Registra	Address Jour Oug Date signed 14 5/ 4	D.

RECEIVED

JUL 27 1948

BUREAU V. S.